CONSENT FOR EXCHANGE OF INFORMATION

between Child Care Health Consultant and/or Child Care Program and
Other Individuals/Programs/Agencies
(*No referral involved*)

I understand that information regarding my child is generally confidential and may *not* be given to employees of other schools, public agencies or individual professionals in private practice without my consent or other legal requirement.

I, _____, hereby consent to the release of the following information
full name of parent/guardian

initialed and checked below, regarding my child _____ held by
full name of child

_____ to _____.
full name of individual or agency/address *full name of Child Care Health Consultant*

____ ❑ Educational/Developmental Records

____ ❑ Diagnostic Assessments/Evaluations (Occupational/Physical Therapy, Speech and Language Pathology, Psychological, Social-emotional)

____ ❑ Developmental/Health Screening(s); please specify: _____

____ ❑ Medical ____ ❑ Dental ____ ❑ Immunizations Records

____ ❑ Other: please specify: _____

I authorize communication and exchange of information between _____ and
name of individual/agency holding records

_____ to discuss the above indicated records/conditions, and/or findings. I also
name of Child Care Health Consultant

authorize communication and exchange of information between _____
name of Child Care Health Consultant

and _____ Further, _____ is authorized
name of child care program *name of Child Care Health Consultant*

to share the information gained with his/her supervisor(s) and/or child care health consulting staff working directly with her/him. Consent for release of information and authorization of communication shall be for the limited purpose of understanding and addressing my child's needs.

This consent is voluntary and I understand that I can withdraw my consent for my child at any time. Unless I withdraw this consent, this authorization will be effective for the period my child is continuously enrolled in the

_____. By signing below, I am confirming that I have read,
name of the child care program

understood and agree to the above.

Parent/Guardian Name: _____
print full name

Parent/Guardian Signature:_____ **Date:**_____

NOTE: In accordance with the Health Insurance Portability and Accountability Act (HIPPA) and applicable California laws, all personal and health information is private and must be protected.