

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