



## Authorization to Release Information Instruction Sheet



### **PURPOSE**

The Authorization to Release Information form is completed by the parent/guardian to grant Neighborhood House Association (NHA) authorization to contact an outside agency to request medical, psychological, educational, or other information/records. This information is used to determine appropriate placement or individualize the program to meet the child's needs.

### **TIMELINE**

The Authorization to Release Information form is completed with the parent/guardian whenever the site/program needs to request information/records from an outside agency or office (i.e. doctor, clinic, Child Welfare Services, dental office, First 5 program, local educational agency, Early Intervention Program, etc). The Authorization may be completed at any time throughout the program year.

### **STAFF RESPONSIBLE**

Family Service Advocate, Home Visitor, Teacher, Site Supervisor/Assistant Site Supervisor, Family Services Supervisor, Home-Based Supervisor, ECE/Disabilities Specialist, Comprehensive Services and Quality Improvement (CSQI) Program Support, or any other staff member

### **INSTRUCTIONS**

Each section of the Authorization to Release Information form must be completely filled out prior to the parent/guardian signing the document.

All children with IEPs must have completed authorization forms for the responsible local educational agency, and all children with IFSPs must have authorization forms for Regional Center/Early Start.

An Authorization to Release Information form is only valid for the program year in which it is signed.

Staff completes the following:

- **Child-** Write the first and last name of the child.
- **Date of Birth-** Write in the month, day, and birth year of the child.
- **Center-** Write the name of the site the child attends.
- **Parent/Guardian Name-** Write the name of the child's parent/guardian.
- **Phone #/Work #-** Write the home/cell, and/or work telephone numbers, including area codes, of the parent/guardian.
- **Address-** Write the address of the parent/guardian: Street address, Unit # (if applicable), City, and Zip Code.



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### **Requesting Records from:**

- Write the name of the agency, doctor, dentist, or organization from which you are requesting information.
- Write the phone number and fax number of the releasing agency/office.

### **Record Requestor:**

- **Phone # and Fax #** - The telephone and fax numbers of the Early Head Start/Head Start (EHS/HS) site, or support staff office contact information, may be filled in here.

### **To release any:**

- Check the appropriate box indicating the type of information you are requesting – Medical, Psychological, Education, or Other.
- “Specify Requested Records(s)” - write the name or type of record/information needed (i.e. TB, immunization, IEP, dental, etc.).

### **Requested record will be used for the following purpose(s):**

- Check all boxes that apply.
- To individualize the program – This option is used when obtaining medical records, psychological, and educational records.
- To determine placement – This option is most often used when requesting IEP or education assessments.
- If the “other” box is checked, be sure to indicate for what purpose the records will be used.

### **Signatures**

- Ask the parent/guardian to review the form. By signing the form, the parent/guardian authorizes NHA to contact, and exchange information as identified on the release, with the identified agency.
- Write the relationship of the parent/guardian to the child (i.e., mother, foster parent, grandmother, etc.).
- The EHS/HS staff assisting the parent/guardian signs on the “Staff Signature” line and writes the date the form was completed and signed.

File the completed Authorization to Release Information form in the appropriate section of the Child File based on the records requested. For example, medical record release is filed in Section 2 of the Child File.