

# EARLY DEVELOPMENT NETWORK

## Authorization of Release/Request for Information



Initiating Agency	Contact Person	
Agency Address	Phone Number	
Child's Full Name		
Child's Social Security Number	Date of Birth	

I give my consent, as the parent/guardian of the minor child, to the agencies identified below to share the information that I have initiated:

**Initials:**                      **TYPE OF INFORMATION:**

\_\_\_\_\_ Health information, specify: \_\_\_\_\_

\_\_\_\_\_ Diagnostic/Therapy reports, specify: \_\_\_\_\_

\_\_\_\_\_ Educational records, specify: \_\_\_\_\_

\_\_\_\_\_ Early Intervention record, specify: \_\_\_\_\_

\_\_\_\_\_ Other information, specify: \_\_\_\_\_

\_\_\_\_\_

Listed below are a number of agencies that provide services for children with special needs and their families. I understand that these agencies will use and keep information about my child and family confidential. The purpose for this exchange of information is to help coordinate services, provide appropriate programs, and to make sure my child and family get services as quickly as possible. I am putting my initials next to the agencies that I want to share information identified above.

**Initials:**                      **AGENCY/PROGRAM:**

\_\_\_\_\_ School District, specify: \_\_\_\_\_

\_\_\_\_\_ Hospital, specify: \_\_\_\_\_

\_\_\_\_\_ Nebraska Department of Social Services: \_\_\_\_\_

\_\_\_\_\_ Physician/Clinic, specify: \_\_\_\_\_

\_\_\_\_\_ Other, specify: \_\_\_\_\_

\_\_\_\_\_

I understand: 1) I have the right to withdraw my consent at any time; 2) I have the right to inspect and copy the information to be shared; 3) That if I do not give my consent to share information, the agencies may not be able to determine the best services available for my child and family; and 4) I am providing my consent voluntarily and I understand the information on this form.

Signature of Parent/Guardian	Relationship to Child	Date
Street Address	City/State/Zip Code	Phone Number

Unless otherwise stated, this release is valid for one year from \_\_\_\_\_ to \_\_\_\_\_ .  
 Information shared by the agencies listed above will not be disclosed to anyone else without written consent of the parent/guardian.