positive education program

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION
EARLY CHILDHOOD CONSULTATION

Child's Full Name _____ Date of Birth _____

The following persons/programs/agencies have my permission to coordinate service planning and delivery for the above-named person by disclosing specific information for the following specific purpose(s).

Consultation Service Delivery

Please identify all persons/programs/agencies that may disclose and/or receive information.

- ❑ **Positive Education Program**
- ❑ Starting Point (funder/system coordinator)
- ❑ Office of Early Childhood/Invest In Children (funder)
- ❑ Case Western Reserve University (community partner & researcher)
- ❑ Child care center/Family child care home: _____
- ❑ ADAMHS Board of Cuyahoga County
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

I authorize the release of the specific information for which I have circled and initialed below only if it is necessary to secure or coordinate needed services by the persons/ programs/ agencies identified above:

Circle yes and initial

yes _____Identifying parent/child information: name, birth date, sex, race, address and phone.

yes _____Social History: social history, treatment/service history, psychological evaluations and other personal information regarding the individual named above.

yes _____Other:

I understand this Release ***expires one year*** from the date it is signed **unless otherwise indicated by me below.**

I also understand that I may cancel this Release at any time in writing with my signature, and the date it is signed, and delivering it to_____.

Canceling it applies to that day forward and not to information already shared.

I understand that signing or refusing to sign this Release will not affect public benefits or services for which I am eligible, unless otherwise required by the regulations of the agency.

I understand that the information disclosed pursuant to this authorization may be the subject of re-disclosure by the recipient without further protection.

Expiration date if different than one year: _____day of_____, 20_____.

_____ _____
Print Name E-mail (optional)

_____ _____
Parent/Guardian Signature Date

_____ _____
Witness/Agency Representative Date