EARLY DEVELOPMENT NETWORK

Authorization of Release/Request for Information

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

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.