



AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Individual's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

I hereby authorize: _____
Name of hospital/physician/program

Address: _____
Street City State Zip

To use or disclose the following protected health information from the medical/program records of the individual listed above. I understand that information used and/or disclosed pursuant to this authorization could be subjected to redisclosure by the recipient and, if so, may not be subjected to federal or state law protecting its confidentiality.

I hereby authorize South Shore Hospital to release/receive a copy of my medical records including any reference there may be to drug/alcohol usage, psychiatric information, and/or other sensitive material(s).
Signature of Patient or Legal Representative Date

Information to be USED by First Early Intervention for treatment dates _____ to _____

- Birth Records
Medical Records
Developmental Information
Immunizations
Other _____

The above information is used for the following purposes:

- Medical Care
Insurance
Coordinate Services
Legal
Other _____

Information to be DISCLOSED by First Early Intervention for treatment dates _____ to _____

- Developmental Information
Other _____

The above information is used for the following purposes:

- Medical Care
Insurance
Coordinate Services
Legal
Other _____

I understand I may revoke this authorization at any time by requesting such of the above-referenced hospital/physician/programs in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

This authorization expires on: _____
Insert applicable date or event

Signature of Individual/Guardian

Date

Printed name of Individual/Guardian

Relationship to Individual or Authority to Act for Individual

THIS AUTHORIZATION WILL BE INVALID UNLESS ALL ITEMS ARE COMPLETED

Please be advised that the information you send will become part of the child's Early Intervention record. Since Early Intervention is a state supervised service that operates in accordance with the regulations of Part C of the Individuals with Disabilities Education Act (34 C.F.R. Part 303) and the Family Educational Rights and Privacy Act (34 C.F.R. Part 99), the parent or legal guardian of an enrolled child has the right to review and request copies of any document in this file.