FIRST 5
MARIN
CHILDREN AND FAMILIES COMMISSION

*Unique Identifier*

# RELEASE AND CONSENT FOR EXCHANGE OF INFORMATION

Child's Name: ______________________________________ DOB: ____________________

With your written consent, agencies and their representatives may share information with one another. You need to know that:

- You choose which agencies shall exchange information.
- You may refuse to sign this exchange form.
- Information about your child and family is strictly confidential and will only be released to the agencies and/or persons chosen below. Records are maintained by ***Project Name*** specifying the source of information, the date and purpose of disclosure and with whom information was shared.
- You have the right to look at and correct the records maintained at ***Project Name***.
- Your rights are preserved under Title 34 Code of Federal Regulations, Family Education Right Privacy Act of 1974.

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Please initial by the individual agencies of the ***Project Name/Initiative/Collaborative*** to permit the release and/or exchange of information. Records may include medical, health, developmental, speech/language, educational, hearing, vision and/or psychological information.

***NAME OF PROGRAMS/AGENCIES***

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Identify Names And Addresses below:

☐ Primary Care Physician/Clinic ______________________________

☐ Other Physicians or Specialists ______________________________

☐ Hospital of Birth ______________________________

☐ Other Hospitals ______________________________

☐ Other Agencies or Specialists ______________________________

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***This authorization is in effect for one year from date of signature unless revoked in writing prior to that date***. A photocopy of this form shall be as valid as the original. Copy of this authorization is to be given to parent/guardian.

______________________________ ______________________________

Signature of Parent/Guardian/Surrogate Date Signature of Parent/Guardian/Surrogate Date

______________________________ ______________________________

Parent/Guardian Address City/State/Zip Phone