

Healthy Start ~ Healthy Families Oregon Authorization to Release Information

I, _____, request that the following information about
(Name)
myself and / or my child(ren): _____ be shared:

- Identifying information; including: family names, addresses and phone numbers
- Family circumstances in relation to existing or planned service referrals; including health, welfare, disability and other benefits, housing, utilities, child care, child custody, employment, vocational / educational, or any other resources the family seeks
- Child health and development screenings, observations, activities, plans, recommendations and/or concerns
- Health diagnoses, treatment, care plans and/or prognosis; including:
 - YES / NO _____ mental health
(initial)
 - YES / NO _____ alcohol/drug use or treatment
(initial)
 - YES / NO _____ HIV/AIDS
(initial)
- Child welfare and parenting observations
- Other Information: _____

This information will be shared between Healthy Start and: _____
(Agency and/or Individual)

For the Purpose of: _____

Date Release Begins ____/____/____

I understand that this release is good for as long as I participate in Healthy Start and that I may cancel this release at any time. I understand that the cancellation will not affect any information that was already released before cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I am signing on my own and have not been pressured to do so.

Name (Print): _____ Signature: _____

If for any reason you wish to discontinue the exchange of information between the parties listed above:

Date Release Withdrawn: ____/____/____ Signature: _____