



Helping Hand Developmental Center

CONSENT FOR RELEASE OF CLIENT INFORMATION

I hereby authorize _____
to release specified information on my child(ren) to _____

This data shall include his/her name and date of birth:

The doctrine of this informed consent has been explained to me and I understand the contents to be released, the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. This consent is valid for one year. I further acknowledge that I may revoke this consent at any time except that action based on the consent has been taken.

Child's name

Parent/Guardian/Legally Appointed Representative Name

Signature

Date