

Life Skills Home Training Tutorial Program For Pre-Schoolers Inc.

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Whitestone, NY 11357
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25 Westchester Square
Bronx, New York 10461
P: (718) 828-8462 F: (718) 828-0564

816 Clarence Avenue
Bronx, New York 10465
P: (718) 459-1252 F: (718) 215-1772

RELEASE OF INFORMATION

CHILD'S FULL NAME: _____

Date of Birth: ____/____/____

I, _____
(Parent/Guardian print full name)

(Relationship to child)

HEREBY AUTHORIZE LIFE SKILLS PRE-SCHOOL INC. TO DISCLOSE PROTECTED HEALTH INFORMATION

*** ONLY AS NECESSARY, WHEN LIFE SKILLS PRE-SCHOOL STAFF:**

- Needs the assistance of health care providers outside of Life Skills who help with your child's treatment.
- Bills government agencies to cover the cost of your child's treatment.
- Provides record review for quality assurance by individuals from government agencies/agencies contracted by the government.
- Works with our staff to improve their professional skills.
- Works with college students who are interns in our program.
- Works with consultants who help us provide better services to your child. (These consultants will always sign a contract protecting your child's privacy.)
- Makes a directory listing all children attending our program for use only in Life Skills Pre-School on an emergency (but you will always be notified as soon as possible.)

* "Protected Health Information" includes demographic information identifying you and /or your child, and information about your and/or your child's past, present or future condition and services.

THIS AUTHORIZATION SHALL BE IN FORCE AND EFFECT UNTIL:

(Fill in date or event that will trigger the end of this authorization)

AT WHICH TIME THIS AUTHORIZATION TO USE OR DISCLOSE THIS PROTECTED HEALTH INFORMATION EXPIRES:

I understand that I have the right to revoke this authorization in writing, at any time by sending written notification to the Building Principal. I understand that a revocation is not effective to the extent that has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I also understand that whether or not I sign this authorization, my child will continue to be eligible for services from Life Skills Pre-School.

I understand that I have the right to refuse to sign this authorization.

Parent Signature: _____

Date: _____