

**CONSENT TO RELEASE MEDICAL INFORMATION REFERRAL TO A CHILDREN'S
RESOURCE CENTER FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS
(CYSHCN)**

(*See page 2 for list of Counties served by each Resource Center)

CHILD: DEMOGRAPHIC INFORMATION

| | | | | |
|-------------------------------------|----------------------|----------------------------|--|----------|
| Child's Full Name (First, MI, Last) | | Date of Birth (mm/dd/yyyy) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Street Address | City | State | County of Child's Residence | Zip Code |
| Parent/Guardian Name | | | Primary Language Spoken | |
| Email Address | Primary Phone Number | | Other Phone Number | |

PROVIDER: REASON FOR REFERRAL (Check all that apply)

- Respite care
- Transition to adult care
- Health benefits counseling
- Family education/advocacy
- Transportation/meals/lodging for health care
- Special foods/formulas
- Education-related services
- Connection to Birth to 3 or Early Childhood Special Education
- Parent to Parent support
- Access to community resources (i.e., pediatric therapies, family support programs, summer camps)
- Parent concern (please specify):
- Special equipment (please specify):
- Information (please specify topic):
- Other:

PROVIDER – CONTACT INFORMATION

| | | | | |
|----------------|----------------------|-----------------------|----------|--|
| Medical Clinic | | Primary Provider Name | | |
| Street Address | City | State | Zip Code | |
| Email Address | Office Telephone No. | Office Fax | | |

Diagnosis or special need of child, if known

CHILDREN'S RESOURCE CENTER REFERRAL RESPONSE (Check one)

- Family contacted and services provided
- Unable to contact family (reason):
- Family contacted and services declined
- Other comments:

PARENTS – CONSENT FOR RELEASE OF INFORMATION

I authorize the referring provider to disclose the information needed and indicated on this form to the Children's Resource Center to assist the Resource Center staff in accessing services and identifying resources for my child and family. By signing this form, I:

- give permission for the providers listed above to share this information for the purposes of accessing services.
- can cancel this consent in writing at any time except for information already released as a result of this authorization. The written revocation must be given to the organization authorized to release the information.
- understand consent will end 1 year from the date I sign it.
- have the right to inspect, and upon paying applicable fees, obtain a copy of the disclosed records.
- understand the information I have authorized to be released may be redisclosed by the recipient of these records only if allowed by law. If information is disclosed, the recipient of the redisclosed information may be controlled by different laws.
- am not required to sign this authorization, it will not put my relationship with my child's health care provider at risk.

| | |
|--------------------------------------|--|
| SIGNATURE – **Parent/Guardian | Date Signed |
| Print Name of Parent/Guardian | Indicate legal authority of person signing <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Legal Guardian |

**If Parent/Guardian contact information is different from the child listed on this form, please provide a cell phone number and/or email address: Cell phone: Email Address:

***Contact Information for Resource Centers and Counties served by each center:**

Children’s Resource Center – North

Email crcnorth@co.marathon.wi.us

Fax (715) 261-1901

Telephone (866) 640-4106

Children’s Resource Center – Northeast

Email crcnortheast@childrenswi.org

Fax (920) 967-1001

Telephone (877) 568-5205

Children’s Resource Center – South

Email crcsouth@waisman.wisc.edu

Fax (608) 729-4133

Telephone (800) 532-3321

Children’s Resource Center – Southeast

Email crcsoutheast@childrenswi.org

Fax (414) 266-2225

Telephone (800) 234-5437

Children’s Resource Center – West

Email crcwest@co.chippewa.wi.us

Fax (715) 726-7910

Telephone (800) 400-3678

