

## CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

SSM Health Child Care Center is accredited by the City of Madison. The accreditation process involves observation, feedback by the child care accreditation specialists and consultation with the child care center staff. The consultation is focused on quality improvement, support for the well-being of children and the excellence of the program. This release ensures that the center is in compliance with State Licensing rule 251.04 (7) regarding the release of confidential information.

All relevant information and records relating to child and family's experience in the child care program, retroactive to the date of enrollment at SSM Health Child Care Center may be released to **Madison Accreditation Program, Community Development Division, 215 Martin Luther King Jr. Blvd. Rm 225, Madison, WI 53703.**

- This authorization is voluntary. Refusal to sign will not affect treatment, payment or benefits eligibility except for: Accreditation staff will observe and may discuss programming for individual children and families with center staff. Discussions between Accreditation staff and center staff will follow strict confidentiality principles.
- The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the redisclosed information may be controlled by different laws.
- I may revoke this authorization, in writing at any time except for information already released as a result of this authorization. The written revocation must be given to the agency/organization I authorized to release information.
- Unless revoked, this authorization will remain in effect until the parent revokes authorization.

Check one of the following:

\_\_\_\_\_ I hereby authorize \_\_\_\_\_ records to be disclosed to the agency listed above. (Print child's first and last name)

\_\_\_\_\_ I do **not** authorize \_\_\_\_\_ records to be disclosed to the agency listed above. (Print child's first and last name)

Child's Date of Birth (month/day/year): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_