DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-01238 (05/2014)

STATE OF WISCONSIN

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

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

CHILD - DEMOGRAPHIC INFORMATION

Child's Full Name (First, MI, Last)	Date of Birth (mm/dd/yyyy)	Gender ☐ M ☐ F

Home Address	City	County of Child's Residence	Zip Code

Parent/Guardian Name	Primary Language Spoken

Email Address	Primary Telephone No.	Other Telephone No.

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

Address	City	State	Zip Code

Email Address	Office Telephone No.	Office Fax

Diagnosis or special need of child if known

REGIONAL CYSHCN 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 Regional Center for Children and Youth with Special Health Care Needs to assist the Regional 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 ☐ Parent of Minor ☐ 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:

*Regional Centers and Counties served by each center:

Northern Regional Center fax (715) 261-1901 telephone (866) 640-4106

Ashland ▪ Bayfield ▪ Florence ▪ Forest ▪ Iron ▪ Langlade ▪ Lincoln ▪ Marathon ▪ Oneida ▪ Portage Price ▪ Sawyer ▪ Taylor ▪ Vilas ▪ Wood

Northeast Regional Center fax 920-967-1001 telephone (877) 568-5205

Brown ▪ Calumet ▪ Door ▪ Fond du Lac ▪ Green Lake ▪ Kewaunee ▪ Manitowoc ▪ Marinette Marquette ▪ Menominee ▪ Oconto ▪ Outagamie ▪ Shawano ▪ Sheboygan ▪ Waupaca ▪ Waushara ▪ Winnebago

Southern Regional Center fax (608) 265-3441 telephone (800) 532-3321

Adams ▪ Columbia ▪ Crawford ▪ Dane ▪ Dodge ▪ Grant ▪ Green ▪ Iowa ▪ Juneau ▪ Lafayette Richland ▪ Rock ▪ Sauk ▪ Vernon

Southeast Regional Center fax (414) 266-2225 telephone (800) 234-5437

Jefferson ▪ Kenosha ▪ Milwaukee ▪ Ozaukee ▪ Racine ▪ Walworth ▪ Washington ▪ Waukesha Counties

Western Regional Center fax (715) 726-7910 telephone (800) 400-3678

Barron ▪ Buffalo ▪ Burnett ▪ Chippewa ▪ Clark ▪ Douglas ▪ Dunn ▪ Eau Claire ▪ Jackson ▪ La Crosse Monroe ▪ Pepin ▪ Pierce ▪ Polk ▪ Rusk ▪ St. Croix ▪ Trempealeau ▪ Washburn