



AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I, the undersigned, authorize the release of the information listed below as described in this authorization.

Person/Organization Disclosing the Information:

Name: _____
Address: _____
Telephone: _____
Fax: _____

Organization Receiving the Information:

New Hampshire Healthy Kids Corporation
1 Pillsbury Street, Suite 300
Concord, NH 03301
Phone (603) 228-2925 Fax (603) 228-8940

INFORMATION TO BE DISCLOSED:

First Name of Child: _____
Child's Date of Birth: _____

Last Name of Child: _____
Insured Status of Child: Insured
 Not Insured

PARENT/LEGAL REPRESENTATIVE INFORMATION:

Name: _____
Address: _____
Telephone Number: _____
Email Address: _____

Cell Phone Number: _____

Legal Representative Relationship to Patient:

Legal Guardian Court Appointed Guardian Other _____

Language spoken at home by Parent or Legal Representative (*if not English*): _____

YES, I would like a New Hampshire Healthy Kids Corporation representative to contact me by telephone with information regarding the New Hampshire Healthy Kids program.

NO, I would not like a New Hampshire Healthy Kids Corporation representative to contact me by telephone with information regarding the New Hampshire Healthy Kids program.

SIGNATURE: I have had an opportunity to review and understand the content of this authorization form.

Signature of Parent or Legal Representative

Date

Printed Name of Parent or Legal Representative

Please fax completed form to: (603) 228-8940 or mail to: 1 Pillsbury St., Suite 300, Concord, NH 03301