



*"Where Every Moment is a Tender Time"*

11221 96<sup>th</sup> Ave N Maple Grove, MN 55369

T-763-425-7777 or F-763-425-8876

TenderTimeKids.com

**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Patient's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Full Address: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Release of information to **Tender Time Learning Center**

Clinic Name & Address to release information:

\_\_\_\_\_

Clinic Telephone Number: \_\_\_\_\_ Clinic Fax Number \_\_\_\_\_

Information Requested:

- Immunization Records
- Health Care Summary

Purpose of release:

- Mutual Exchange of Information
- Other: \_\_\_\_\_

Time Limit:

I understand I can revoke this authorization at any time in writing. Revocation will not apply to information already disclosed with this authorization. This authorization is valid for disclosure and/or information disclosed for purposes of proper child care, child care enrollment, and for other purposes for one year until revoked.

Parent/Guardian

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_