



220 North Main Street, Suite 201, Natick, MA 01760  
508.653.6776 • 508.653.0878 Fax • [accept.org](http://accept.org)

## **Authorization for Release of Medical Information**

**I give permission for my child's Health Care Providers to communicate with the ACCEPT Education Collaborative nursing staff and related health care providers including speech/language therapists, occupational therapists, and physical therapists regarding his/her health information and medical care.**

\_\_\_\_\_  
**Student's name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I understand that the ACCEPT Education Collaborative will treat records confidentially and fully comply with the Family Educational Rights and Privacy Act (FERPA) and HIPAA Privacy laws.

UNLOCKING POTENTIAL • ACHIEVING SUCCESS