



FIRST STEPS
early intervention program

**AUTHORIZATION TO RELEASE
CONFIDENTIAL | PROTECTED HEALTH INFORMATION**

I hereby authorize FirstSteps for Kids, Inc. to release confidential information and/or protected health information related to my employment records (e.g., LiveScan results, health records which may include TB testing, immunizations, and general health assessment) for the purposes of an audit, or agree to obtain additional clearances for the purposes of employment with other entities contracted with FirstSteps for Kids, Inc. I understand that additional clearances (e.g., LiveScans, TB testing, etc.) may reveal confidential or protected health information. I understand that in some cases, these records may be stored with another entity if that entity is requiring the information. By signing below, I am providing consent for others to view the above noted records, or provide the above noted records to another entity.

I understand that I have the right to receive a copy of this authorization. I also understand that I may cancel or modify this authorization in writing at any time. This authorization will remain valid for one year from the date of my signature below unless otherwise requested in writing.

Employee Name

Employee Signature

Date of Authorization