



Riley Hospital for Children
Indiana University Health



INDIANA UNIVERSITY

DEPARTMENT OF PEDIATRICS
School of Medicine

RILEY CHILD DEVELOPMENT CENTER

LEND PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

Child's Name: _____

Date of Birth: ____/____/____

Complete the enclosed Authorization to Release Information forms for your child's physician, therapists, hospitals, preschool/school, and other agencies and professionals who have been involved in your child's care.

Please include the mailing address and telephone numbers of each entity.

These release forms will allow our team of professionals to contact, discuss and/or obtain additional information from those you have permitted.

PLEASE RETURN THESE FORMS TO:

Intake Coordinator

Riley Child Development Center

705 Riley Hospital Drive, Room 5837

Indianapolis, IN 46202-5225

RILEY CHILD DEVELOPMENT CENTER
AUTHORIZATION TO RELEASE INFORMATION

PRIMARY CARE PHYSICIAN

Gathering as much information about this child is necessary for the RCDC team to properly prepare for this child's appointment. Information can include evaluation and testing reports, counseling reports, clinic notes, lab reports, growth charts, and other information you feel will be helpful.

I authorize _____

Address: _____

Telephone: _____

to provide information in regard to:

Child's Name: _____

Birth date: _____ / _____ / _____

with **Riley Child Development Center at Riley Hospital for Children,**

705 Riley Hospital Drive, Room 5837, Indianapolis, IN 46202-5525

Attention: Intake Coordinator

Signature: _____

Date: _____ / _____ / _____

This authorization is valid for one year, unless otherwise specified. It will expire one year from the date signed by the parent or guardian.

This authorization is subject to revocation at any time except to the extent to which action has been taken in reliance on the authorization.

RILEY CHILD DEVELOPMENT CENTER
AUTHORIZATION TO RELEASE INFORMATION
EDUCATIONAL INSTITUTION

This child has been referred to the Riley Child Development Center for a consultation. Gathering information regarding this child is necessary in the preparation of this child's appointment. Information can include evaluation and testing reports, counseling reports, Case Conference Summaries, IEP, therapy reports and other information you feel may be helpful.

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