



# AUTHORIZATION FOR RELEASE OF INFORMATION FROM WIC

I \_\_\_\_\_ authorize the \_\_\_\_\_ WIC Program  
(Print Name)

To release the following information: Please **select yes or no** to indicate if WIC may release the information below:

- Yes  No Nutrition Care Plan
- Yes  No Food/Formula Prescription
- Yes  No Health Insurance Information
- Yes  No Height/Length/Weight
- Yes  No Hemoglobin/Hematocrit/Lead
- Yes  No Immunizations
- Yes  No Coordination of Appointments
- Yes  No Other (MUST be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### From the WIC record of:

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### To:

Name of Individual(s) and/or Organization(s): \_\_\_\_\_  
\_\_\_\_\_

- Please check if WIC may release the above information to MassHealth/Durable Medical Equipment (DME) Provider.

### For the following reason(s):

State the reason(s) for sharing this information. If you do not want to list reasons, simply write, "At my request":

\_\_\_\_\_

- I understand that the person(s) or organization listed here may not be covered by federal or state privacy laws, and they may be able to further share the information WIC gives them.
- I am requesting that the WIC Program provide the information specified above even though I know that federal law gives me the right to obtain WIC benefits and to keep WIC participant records private. I may refuse to sign this authorization. If I refuse to sign my/my child's WIC eligibility and benefits will not be affected.
- I understand that I can change my mind and cancel this authorization at any time. To do this, I need to write a letter to WIC and send it or bring it to the WIC program where I am now giving this permission. Once the information has already been given out by WIC, I understand that it is too late for me to cancel the authorization.

Participant/Parent/Guardian Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This authorization is valid until the end of the WIC participant's certification period.**

This institution is an equal opportunity provider.

