

# AUTHORIZATION TO RELEASE WIC INFORMATION

Michigan Department of Health and Human Services

WIC Program

Client Name	Family ID	Client Date of Birth
Client Address		
City	Zip Code	Phone
I, (Authorized Person/Participant) _____ authorize Michigan WIC to release information contained in the WIC Client Record (anthropometric data, diet recommendations, breastfeeding information, etc.) for (Client Name[s]) _____ to the following physician(s): _____ _____ _____		
Authorization to release any of the following information must be initialed and dated in the appropriate section below <input type="checkbox"/> Yes <input type="checkbox"/> No I (Authorized Person/Participant) give Michigan WIC permission to share my communicable disease status (including HIV), information about my alcohol or drug abuse treatment history, and/or my mental health treatment history. Initial (Authorized Person/Participant/Date): _____		
Please specify information that should NOT be disclosed, if any.   		
I understand that I have the right to refuse releasing said information without consequence to my WIC benefits. I understand that once my health information is released under this authorization, the potential exists for that information to be re-disclosed by the person receiving my information. Authorized Person/Participant: _____ Date: _____		
Due to COVID-19 restrictions, this document was read to the above listed Authorized Person/Participant who understood and verbally agreed to the terms of this release form. WIC staff is signing to confirm their verbal consent. Staff Signature: _____ Date: _____		
The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender, identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.		
This institution is an equal opportunity provider.		