

MDHHS-5913, AUTHORIZATION TO RELEASE WIC INFORMATION

Michigan Department of Health and Human Services (MDHHS)

WIC Program
(Revised 12-24)

This authorization must be reviewed at each certification appointment for the below listed clients and updated if there are any changes. This form is required for WIC Policy purposes regardless of HIPAA continuity of care regulations.

SECTION 1

Authorized Person Name	Family ID	Authorized Person Date of Birth
------------------------	-----------	---------------------------------

Authorized Person Address	City	State	Zip Code
---------------------------	------	-------	----------

SECTION 2

I (Authorized Person/Participant), _____, authorize Michigan WIC to release information contained in the WIC Client Record (anthropometric data, diet recommendations, breastfeeding information, etc.) for my household:

Client Name(s)	Practice Office(s)	Practice Phone Number(s)

Authorization to release any of the following information must be initialed and dated in the appropriate section below.

Michigan WIC has permission to share the communicable disease status (including HIV), information about alcohol or drug abuse treatment history, and/or mental health treatment history of the below clients. I understand that the information will only be shared if their names are listed below:

Client Name(s)	Initials	Date

SECTION 3

I (Authorized Person/Participant), _____, authorize Michigan WIC to release information.

Describe information to be released.

To (specify)

I understand that I have the right to refuse releasing said information without consequence to my household's WIC benefits, except in limited circumstances.

I understand that once my household's 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

Utilize this check box to indicate if the Authorized Person/Participant gave WIC staff verbal permission to complete/update this form on their behalf.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. Fax: (833) 256-1665 or (202) 690-7442; or
3. Email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.