

Consent Form

Healthy KidsConnect (HKC) will only discuss your child(ren)'s case with you or someone you name. The person you name can give or get information about your case. We will also send this person copies of the letters we send you if you tell us to do that. You can name more than one person to help you with your case. Fill out a new form for each person. If there is someone you do not want us to share information with please tell us below.

I, (parent/guardian) _____ allow
(name of person) _____ to talk about my child's
case with HKC staff.

Relationship to applicant:

Health insurance agent (producer)

Other: _____
(Relationship)

Their address (if different):

City: _____ State: _____ Zip: _____

Phone: _____

Your e-mail (if you have one): _____

You **may not** discuss my case with (please print the name):

Parent/guardian signature: _____ Date: _____

Case number: _____

Please mail or fax this completed form to HKC. (Keep a copy for yourself.)

Fax: 888-890-4199

Healthy KidsConnect

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