



**Northern Dental**  
ACCESS CENTER

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ MA #: \_\_\_\_\_

**UNDERSTANDING/ PURPOSE OF DISCLOSURE:**

I understand that the information to be accessed and/or exchanged regarding my child/family will be treated as private data under the Minnesota Government Data Practices Act. This means the information will be safeguarded as required by law. Information may be released/accessed/exchanged without my further signed consent unless I should revoke my consent. I understand that this information is being shared to meet program performance standards, to plan comprehensive services, and to coordinate service delivery for my child/family.

**AUTHORIZATION:**

**I authorize ICCC Head Start to request, receive, and exchange information with Northern Dental Access Center concerning my child/family.** I understand that information disclosed by this consent cannot be released to anyone other than those listed above unless I give written permission.

**REVOCACTION OF CONSENT:**

I further understand that my consent terminates 1 year from date of my signature below, unless I choose to revoke it earlier. I may revoke this consent by sending written notice to either or both of the following:

- Northern Dental Access Center, 1405 Anne Street NW, Bemidji, MN 56601
- ICCC Head Start  
PO Box 189, Oklee, MN 56742

**BY SIGNING BELOW, I GIVE CONSENT for the following to be completed for my child/family by Northern Dental Access Center staff, if time allows, on the designated screening day. (ONLY initial services you DO NOT give consent to):**

\_\_\_ Dental Exam      \_\_\_ Dental Cleaning      \_\_\_ Dental Xrays (if necessary)  
                            \_\_\_ Fluoride                              \_\_\_ Dental Sealants

**SIGNATURE:**

I verify that I have been provided with a copy of this release form. This authorization specifically includes records prepared prior to and subsequent to the date of this authorization.

\_\_\_\_\_  
**Parent/ Guardian PRINTED NAME**

\_\_\_\_\_  
**Parent/ Guardian SIGNATURE** **DATE**