

Individual Authorization to Release WIC Information

Participant name _____ Birth date _____

Custodian name (if applicable) _____

1. I give my permission to release my or my child's confidential participant information obtained during my or my child's participation in the WIC program. I understand that without my signature and specific consent, this information cannot be released except as otherwise authorized by law.
2. Some information is specifically protected. Information about sexually transmitted diseases, drug and alcohol diagnosis and treatment, and mental health diagnosis and treatment will not be released unless I sign in the Specifically Protected Information box below.
3. I understand that I can take back this permission at any time by signing and dating a written statement that I am canceling my permission.
4. I understand that if I choose not to sign this form, it will not affect my or my child's eligibility for or participation in WIC.
5. I understand that this permission to disclose expires on _____

Name of person to receive information	Name of person to receive information
Address	Address
Phone	Phone
Fax	Fax

Signature: _____ Date: _____

I give permission to release Specifically Protected Information as indicated by my initials below.	
_____ Sexually Transmitted Disease	
_____ Drug and Alcohol Diagnosis and Treatment	
_____ Psychiatric Disorders/Mental Health Diagnosis and Treatment	
_____ Signature	_____ Date

(If applicable) This form was verbally translated by: _____

Signature _____ Date: _____

For Clinic Use	
The information described above was released on _____ (date.)	
Signature _____	

Staff initial all that apply: _____ Interpreter _____ Read to client _____ Written translation _____ Other

WIC Nutrition Program doesn't discriminate.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

This institution is an equal opportunity provider.
Washington State WIC Nutrition Program doesn't discriminate.

