

### 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 Information
_____	Drug and Alcohol Diagnosis and Treatment Information
_____	Psychiatric Disorders/Mental Health Diagnosis and Treatment Information
_____	_____
Signature	Date

(If applicable) This form was verbally translated by: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Clinic Use</b>	
The information described above was released on _____ (date)	
Signature _____	

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

## Washington WIC doesn't discriminate.

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, audiotape, 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](mailto:program.intake@usda.gov)

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

To request this document in another format, call 1-800-841-1410.  
Deaf or hard of hearing customers, please call 711 (Washington Relay)  
or email [wic@doh.wa.gov](mailto:wic@doh.wa.gov).



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