



615 N Alabama St, Ste 205  
Indianapolis, IN 46204  
317.925.7617  
317.925.7619 (f)  
www.dsindiana.org

## Release of Information Authorization

*Please fax completed form to 317.925.7619*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### A) I hereby authorize records FROM:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### B) To be released TO:

Name: Down Syndrome Indiana

Address: 615 N Alabama St. Ste 205

City/State/Zip: Indianapolis, IN 46204

Phone: 317-925-7617

Fax: 317-925-7619

### C) The following information may be released:

Name of child with Down syndrome: \_\_\_\_\_

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

Hospital: \_\_\_\_\_ Room #/Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

I would welcome a phone call from Down Syndrome Indiana YES NO

I would welcome a visit from Down Syndrome Indiana YES NO

Please include our family on Down Syndrome Indiana's mailing list YES NO

Primary Language: English Spanish Other: \_\_\_\_\_

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