

HEALTH INFORMATION EXCHANGE

POLICY: The child's and family's right to privacy will be protected at all times. Center will request medical or health information only when necessary for the child's care. Center will share child or family's medical information only when authorized by the parent or legal guardian.

PURPOSE: To assure that pertinent health information is shared with the appropriate individuals.
To protect the privacy of our families.
To provide the best quality of care for our children.

NOTE: The child's parent is the first source of information about the child. There are times when parent/legal guardian, center staff, or health consultants have questions about a child's health, safety, nutrition, behavior, or outside influences. Center staff and health consultants may discuss issues with medical providers and other consultants after obtaining consent and release of information form from parent/legal guardian. They are ethically bound to honor the family's right to privacy and will assist the staff in providing the best care possible for the child.

PROCEDURE:

1. Use the form entitled "Information Exchange" (E-22) when:
 - a. When a child is ill, and you need a doctor's note to return
 - b. When you have questions about a condition which the parent can't answer
 - c. When you believe the health care provider should assess something which you have been observing.
2. Fill out the top portion completely. List your concerns and questions clearly.
3. Be specific about what you would like the physician to observe. Be careful not to diagnose the child.
4. Give the form to the parent/legal guardian to sign. Keep a copy of the signed request in the child's file.
5. Have the parent deliver the form to the health care provider and return the completed form to the center.
6. If the form is to be returned by mail, enclose a self-addressed, stamped envelope.