

**Hannah Center of Bloomington, Inc.
Hannah House Maternity Home
808 North College Ave.
Bloomington, IN 47404
CPC: 812-334-0104
Hannah House: 812-334-2662**

CONSENT FOR EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____ hereby authorize Crisis Pregnancy Center of Bloomington, Inc. and Hannah House Maternity Home to exchange confidential information relevant to me with the following individuals/agencies/entities:

Name of agency/individual/entity:

Please **initial all**. If resident is a minor, parent/guardian must **initial all**.

- ___ WIC
- ___ Center for Behavioral Health (Centerstone)
- ___ Bloomington Meadows Hospital
- ___ Center for Women’s Ministries
- ___ Obstetrician, Dr. _____
- ___ Indiana University Health Bloomington Hospital
- ___ Healthy Families
- ___ Department of Child Services (DCS)
- ___ Family and Social Services Administration (FSSA)
- ___ Monroe County Community School Corporation (including BLC, BHSN, Aurora)
- ___ Dr. _____

Please include all agencies not listed above where you have received services or treatment in the past or present.

___ Other (**initial** by each): _____

Information to be exchanged:

Any and all information and records regarding my medical, mental health, alcohol/drug abuse, communicable diseases including but not limited to AIDS/HIV, psychiatric, educational, vocational, or human services care.

This consent expires upon my exit from the Hannah House program unless specifically revoked, in writing, on an earlier date.

_____ Date: _____
Resident Signature

_____ Date: _____
Signature of parent/guardian, if client is a minor

_____ Date: _____
Hannah House Director or Assist. Director Signature