



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## AUTHORIZATION TO RELEASE INFORMATION

### Medical Care for Children Partnership (MCCP)

I \_\_\_\_\_, parent/legal guardian of the child/children listed below,  
(Name of Parent/Legal Guardian)

hereby authorize the Fairfax County Department of Family Services (DFS) to exchange information in my child's/children's record with representatives of the agencies listed below. I understand that this consent is valid for one (1) year from the date signed and is to be used solely for the purpose of service planning and delivery.

Child's Name	Date of Birth

#### PARTNER AGENCIES:

- Fairfax Accessible Medication Program
- Fairfax County Health Department
- Fairfax County Public Schools
- HealthWorks
- Inova Health Systems
- Kaiser Permanente
- Medical/Dental Service Provider: \_\_\_\_\_
- Northern Virginia Community College
- Northern Virginia Dental Clinic
- Neighborhood Health
- Other: \_\_\_\_\_

I also understand that the MCCP Program has limited funding available for medical and dental services. The funding for MCCP services changes from year to year. I further understand that the availability of funding for medical and dental services cannot be guaranteed. I understand that, if this funding ends or runs out, I will receive at least 10 days written advance notice of this action, and my child (children) name (s) may be placed on the MCCP waiting list at my request.

Parent/Legal Guardian's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Department of Family Services Medical Care for Children Partnership (MCCP)



Fairfax County Department of  
**Family Services**

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