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## *North Carolina Infant-Toddler Program*

## *Accounting of Release/Disclosure and Record Access*

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| Child’s Name: |  | Date of Birth: |  |
|  | | | |
| To be used: [1] Whenever written client information is disclosed to another individual, provider, or agency, and | | | |
| [2] Whenever parents or others not otherwise authorized by the CDSA are given access to examine the client record. | | | |

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| **Date** | **Description of Information**  **Released/Disclosed or Record Access**  **[Include Recipient, Method, and Purpose]** | **Signature** |
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