



[Locations](#)
317 North Main Street and 1075 Tolland Turnpike
Manchester, CT 06042
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INSURANCE RELEASE

I authorize the release of any medical information necessary to process claims pertaining to the treatment of my child.

I authorize payment of medical benefits to the Community Child Guidance Clinic for services described on insurance claim forms.

Signed (parent/guardian)

Date

Child's Name

NOTIFICATION

As a private, non-profit agency CCGC receives funding from a number of sources to support its services.

In addition to insurance payment and fees, CCGC receives grants from the towns it serves, the Child Health and Development Institute of CT, the Office of Victim Services and the Department of Children and Families.

To receive this funding, we are required to send some protected health information about the children we serve to these organizations. Information is protected through contracted agreements.

These statistics help to identify what services are being provided, quality of care, and what other services may be needed for our clients. I have read and received a copy of this notification.

Signed (parent/guardian)

Date

Child's Name