

Release of Information Consent Form

I, _____, authorize _____

to: ___ (send) ___ (receive) the following ___ (to) ___ (from) the following agencies or people:

Name	Address	City	State	Zip_Phone

Name	Address	City	State	Zip_Phone

Name	Address	City	State	Zip_Phone

- | | |
|---|--|
| <input type="checkbox"/> Academic Testing Results
<input type="checkbox"/> Behavior Programs
<input type="checkbox"/> Case Notes
<input type="checkbox"/> Intelligence Testing Results
<input type="checkbox"/> Medical Reports
<input type="checkbox"/> Personality Profiles
<input type="checkbox"/> Progress Reports
<input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Psychological Testing Results
<input type="checkbox"/> Service Plans
<input type="checkbox"/> Summary Reports
<input type="checkbox"/> Therapeutic Progress
<input type="checkbox"/> Vocational Testing Results
<input type="checkbox"/> Entire Record
<input type="checkbox"/> Other Specify _____ |
|---|--|

The above information will be used for the following purposes:

- Planning Appropriate Treatment or Program
- Continuing Appropriate Treatment or Program
- Determining Eligibility for Benefits or Program
- Case Review
- Updating Files
- Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Signature of Client _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Witness _____ Date _____

(if client is unable to sign)

Signature of Person Informing Client of Rights _____ Date _____