

Consent for Release of Information

I, _____, authorize Laurie Barton to:
(Send) _____ (Receive) _____ the following _____ (to) _____ (from) the following individual:

Name: _____
Street: _____
City: _____ State: _____ Zip: _____

<input type="checkbox"/> Academic testing results	<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Behavior programs	<input type="checkbox"/> Service plans
<input type="checkbox"/> Case notes	<input type="checkbox"/> Summary reports
<input type="checkbox"/> Intelligence testing results	<input type="checkbox"/> Vocational testing results
<input type="checkbox"/> Medical reports	<input type="checkbox"/> Entire record
<input type="checkbox"/> Personality profiles	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Progress reports	
<input type="checkbox"/> Psychological reports	

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 also give my permission for _____ and _____ to communicate verbally and/or in writing with each other regarding my care.

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. I understand that all information shared will be held as part of my confidential record.

Client's name (please print): _____

Client's signature: _____ Date: _____

If client is a minor, parent/guardian's name (please print): _____

Parent/guardian's signature: _____

Date: _____