Authorization for Release of Information

Name _____
Date of Birth _____
Address _____
Phone _____

I, _____, hereby authorize the Academy of Physical and Social Development to use or disclose the following information pertaining to my / my child's file as described below and in accordance with the conditions set forth below:

1. These notes may be disclosed to: _____
Phone/Address: _____
_____
via verbal, written or electronic communication

2. The information to be disclosed:
_____ the entire file, including session notes or;
_____
_____

3. Purpose(s) for the use of disclosure (list all):
_____
_____

4. This authorization permits an ongoing exchange of information between the Academy and the person(s) listed above and will expire
_____ upon termination of service or; _____.

5. I understand that I have the right to revoke this authorization, in writing, at any time, by sending a notice to The Academy of Physical and Social Development.

6. I understand that there is a potential for re-disclosure of this information by the recipient and, if that, occurs, federal law may not protect the information.

7. Neither billing nor service will be conditioned upon my signing of this authorization to disclose information.

8. I understand that I may receive a copy of the information regarding the session notes as described on this form, if I request it. I do have a right to receive a copy of this form after I sign it.

_____ _____
Name / Signature Date