

Consent for Release of Information

I, _____, authorize Richard White to:
(Send) ____ (Receive) ____ the following ____ (to) ____ (from) the following individual:

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

- Academic testing results Psychological Testing
- Behavior programs Service plans
- Case notes Summary reports
- Intelligence testing results Vocational testing results
- Medical reports Entire record
- Personality profiles Other (specify) _____
- Progress reports
- 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: _____