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**AUTHORIZATION TO RELEASE INFORMATION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

I understand this release is voluntary and applies to all programs and services operated under the auspices of Bloom Speech & Language Services. I understand that my personality identifiable information (PII) may be protected by the federal rules for privacy under the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and /or other applicable state or federal laws and regulations. I understand that my PII may be subject to re-disclosure by the recipient without specific written consent of the person to whom it pertains, or as otherwise permitted. I also understand that the recipient may not condition treatment, payment, enrollment, or eligibility on whether I sign this form, except for certain eligibility or enrollment determinations. I understand that I may revoke this authorization at any time by notifying Bloom Speech & Language Services in writing, but if I do, it will not have any effect on any actions taken before receipt of the revocations. This release once signed will remain in effect unless otherwise revoked.

**I hereby authorize Bloom Speech & Language Services to (check all that apply):**

Exchange information with  Release information to  Obtain information from

**The following Organization/Individual in regard to the above named patient:**

Name of Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Description of information to be exchanged/released/obtained (select all that apply):

- Education Records
- Evaluation/assessment/eligibility records
- Medical Records
- Clinical Records (including behavior analytic, psychological, physical, occupational, and speech therapies)

This information is to be used for diagnostic, treatment planning, and continuity of care purposes only.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of person signing form: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_