



RELEASE OF INFORMATION TO THIRD PARTY

INFORMED CONSENT:

The Center for Learning & Behavioral Solutions, Inc. keeps a record which contains information regarding the participation of this client in our program. Specifically, the record may contain dates of contact, a brief health and developmental history, a program layout, notes about progress, and other documents relevant to this client's program. The records are confidential and may be released only with written consent by this client. The client has the right to refuse the release of any information at any time.

RELEASE OF INFORMATION:

I, _____, the client or parent/guardian of this client, authorize the exchange of verbal and written information between CENTER FOR LEARNING AND BEHAVIORAL SOLUTIONS, INC., Shirin Ansari, Ph.D. and her staff with:

Person/School: _____

Address: _____

Valid from (date) _____ to (date) _____

This may include pertinent assessment, diagnostic, and treatment information from my child's medical and psychological records.

Please Release All Records

Please release only the following records: _____

In addition, a critical component of your child's assessment will be feedback from his/her core teachers in the form of rating scales.

Initial here to give permission to contact the core teachers you choose. No additional information will be provided to the teachers.

Please provide no more than 2 teachers' names and emails that we may obtain rating scales from.

Teacher #1 Name: _____ Email: _____

Teacher #2 Name: _____ Email: _____

I have read and understood this release and the limitations of confidentiality.

Client's Name: _____ Today's date: _____

Client/Parent/Guardian Signature: _____

Print Name: _____

Center for Learning Representative _____ Date _____