



AUTHORIZATION FOR RELEASE OF INFORMATION

Client's Name: _____ DOB: _____

I, _____ (client or legal guardian), hereby authorize

Mainspring Academy to send and/or receive information (as noted below) to and/or from:

Name of Person or Facility: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ Academic testing results	_____ Psychological testing results
_____ Behavior programs	_____ Service plans
_____ Progress reports	_____ Summary reports
_____ Medical reports	_____ Vocational testing results
_____ Individualized Learning Program	_____ School records
_____ Individualized Education Plan	_____ Entire record (*except psychotherapy notes)
_____ Psychological reports	_____ Other (specify): _____

*Psychotherapy notes have increased protection under HIPPA, a separate authorization is required

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 understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 1 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 I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Patient Signature (if over 18 years or emancipated): _____ Date _____

For minors:

Legal Guardian Signature _____ Date _____

Legal Guardian Signature _____ Date _____