

Autism Matters™

ANNUAL CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION

Name of Client _____ DOB: _____

Name of Parent(s) or Guardian _____ Phone: _____

If you are separated or divorced, please verify you are the party above & have full legal custody by initialing here _____

If you are separated or divorced, please verify you **share** legal custody by initialing here _____

If you are not separated or divorced to the child's biological parent initial here _____

Please indicate your relationship to child _____

Parents' Rights: I/we understand that:

- This consent for release of information is valid for one year once signed.
- Information shared will be used for the purpose of transporting, planning, training or providing either speech and language services, occupational therapy services or intensive behavioral intervention services.
- The information requested is classified as private data, as defined and governed by the Government Data Privacy Act. It cannot be released without written consent unless required by law.
- If you do not want information shared, your child will still be served but there may be a delay in services starting.
- You may change this authorization at any time with a written request.
- Information on file with any one of these parties may be shared with the other parties you authorize based only on their need to know. Documents, however, cannot be shared between two different parties outside Autism Matters when Autism Matters is the liaison and the intended recipient of that document.

I/we do not have any outside parties or organizations to release or share information at this time.

I/we give permission for information to be shared among the following organizations (e.g., school, doctor's office, etc.):

- | | |
|---|-----------------------------------|
| 1. Physician: _____
_____ | 5. Family Members: _____
_____ |
| 2. School: _____
_____ | 6. Transportation: _____
_____ |
| 3. Occupational Therapy: _____
_____ | 7. _____
_____ |
| 4. Other Professional: _____
_____ | 8. _____
_____ |

I/we give permission for requests for information as well as release and exchange of the following information:

___ child and family identifying information	___ child's developmental history	___ service plan(s) (i.e., IEP, ITP)
___ health and medical data	___ educational data	___ social
___ mental health	___ chemical	___ video/picture
___ other:		

I/we wish to withhold information concerning _____

Parent/Guardian Signature _____ Date _____