

## AUTHORIZATION TO RELEASE/EXCHANGE

### Consumer Information

Consumer Name\*:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Agency Name/or Professional Authorized to Release/Exchange Info

Name\*: \_\_\_\_\_

Agency: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby (*please initial only one*): This authorization expires (6 months from date of signature, unless otherwise noted):**

\_\_\_\_\_ **DO** authorize the exchange, mutual use, and disclosure of information indicated below, for the specified purpose, between Boundless and the agencies/professionals above for the time frame checked below. You, as the consumer, have the right to shorten or lengthen this authorization period, as well as revoke the authorization at any time.

**Single Use**    **6 months**    **1 Year**

\_\_\_\_\_ **DO NOT** authorize the exchange, mutual use, and disclosure of information indicated above, for the specified purpose, between SBS and the agencies/professionals above.

**I hereby authorize Step By Step (SBS) to (*please initial*):** \_\_\_\_\_ Release To \_\_\_\_\_ Obtain From \_\_\_\_\_

**I hereby authorize SBS to Release to/Exchange with/Obtain from (*please initial*):**

\_\_\_\_\_ Verbally   \_\_\_\_\_ Written   \_\_\_\_\_ Electronically (e-mail)

**For the purpose of (*please initial*):**

\_\_\_\_\_ Establish Services   \_\_\_\_\_ Assessment and Diagnosis   \_\_\_\_\_ Continuation of treatment

\_\_\_\_\_ Other: Please Specify \_\_\_\_\_

**Specific information to be disclosed included (*please initial*):**



## AUTHORIZATION TO RELEASE/EXCHANGE

\_\_\_\_\_ Any and all documentation by Boundless staff

**Treatment**

- \_\_\_\_\_ Treatment Plan(s)/Reviews
- \_\_\_\_\_ Progress Notes/Progress Reports
- \_\_\_\_\_ Individual Service Plan (ISP) and Reviews
- \_\_\_\_\_ Mental Health Assessment (MHA) and Updates
- \_\_\_\_\_ Consumer Information Sheet

- \_\_\_\_\_ Behavior Plans
- \_\_\_\_\_ ABLLS/VB-MAPP Grid and Report
- \_\_\_\_\_ Medical Forms
- \_\_\_\_\_ Psychological Evaluation Reports
- \_\_\_\_\_ Psychiatry Reports

\_\_\_\_\_ Other: Please Specify \_\_\_\_\_

**Educational**

- \_\_\_\_\_ Autism Scholarship Program Approval
- \_\_\_\_\_ Individualized Education Plan (IEP)
- \_\_\_\_\_ Evaluation Team Report (ETR)/MFE
- \_\_\_\_\_ Progress Reports
- \_\_\_\_\_ Other: Please Specify \_\_\_\_\_

**Services**

- \_\_\_\_\_ Speech Evaluation and Reports
- \_\_\_\_\_ Occupational Therapy Evaluations
- \_\_\_\_\_ Physical Therapy Evaluations and Reports
- \_\_\_\_\_ Other: Please Specify \_\_\_\_\_

\_\_\_\_\_  
Consumer Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print Name (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

