



Release of Information for Pediatrician

Client's Name: _____

Date: _____

I give my consent to Boston Behavior Learning Centers (BBLC) to RELEASE information that BBLC will provide ABA services to my child, _____, by mail, fax, email or verbally for the purposes of fostering collaboration regarding treatment.

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality regulations. I understand that I have a right to revoke this authorization by submitting said revocation in writing to BBLC. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Pediatrician Name: _____

Phone: _____

Fax: _____

Parent / Guardian Signature

Date