



Consent to Release Records/Information

Client's Name: _____ Date: _____

I, (print name) _____ give my consent for Boston Behavior Learning Centers (BBLC) to RELEASE pertinent records (treatment plans/data summaries/behavior plans/session data) by mail, fax, email or verbally, pertaining to my child that will be helpful to my child's therapeutic needs to the person/persons identified below.

Person/Persons authorized to obtain information from Boston Behavior Learning Centers:

Name: _____

Relationship/provider specialty: _____

Contact information: _____

Term: I understand that this authorization will remain in effect:

From the date of this authorization until (date authorization to end) _____

Until the Provider fulfills the request _____

Until the following event occurs _____

No limitations on term of authorization

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.

Parent / Guardian Signature

Date