



Consent to Release and Obtain Information

(Complete one form for each provider you are releasing our agency to communicate with. You may request additional forms.)

I, Barbara Dupuis, hereby agree that Brandis Center, Inc. may release and
 (parent/guardian)
 obtain information (verbally, in writing, or electronically) about Jaymes Dupuis, D.O.B. 4/14/2011
 (patient name) (patient)
 from/to Jaymes' School located at Southbridge, MA
 (provider) (address)
 phone number n/a

Please check specific records to be released:

<input type="checkbox"/> Most recent physical examination, immunization records and laboratory results	<input checked="" type="checkbox"/> Records from physicians including specialists
<input checked="" type="checkbox"/> Behavioral Health notes and/or reports	<input checked="" type="checkbox"/> IEP, 504, ISP, or other treatment plans
<input type="checkbox"/> School Records	<input type="checkbox"/> Hospital admission/inpatient notes and discharge summary
<input checked="" type="checkbox"/> Academic Testing and School Reports	<input type="checkbox"/> Emergency Room or urgent care records
<input type="checkbox"/> Assessments and evaluations	<input checked="" type="checkbox"/> Other (please list)

The above information is used for the following purposes:

Future care/treatment services Insurance Personal Legal Other: Specify Use Colaboration w/ school

I hereby release Brandis Center, Inc. from any liability that might arise from the use of the information within the records I am releasing. I understand that the benefits of allowing the sharing of this information is allowing for the continuity of care. I understand that the risks of allowing the sharing of information involves the loss of confidentiality. I understand that I may refuse to sign this authorization. I also understand that my refusal to sign will not affect my ability to receive services from Brandis Center, Inc. I understand I may revoke this authorization at any time, by written request, except to the extent that action has already been taken in reliance upon it. I understand that information used and/or disclosed pursuant to this authorization could be subjected to re-disclosure by the recipient and, if so, may not be subjected to federal or state law protecting its confidentiality. I understand that those individuals who I give my consent to cannot disclose the above information to individuals not listed on this form without my further consent, unless permitted by state law and that I may withdraw my consent at any time by making a request in writing to the Brandis Center, Inc.

Initial: _____ Continue on next page:

(optional) I _____, do not give my consent for Brandis Center, Inc. to obtain and release information.

Printed name of Parent/Legal Guardian Relationship Date

Signature of Parent/Legal Guardian Relationship Date

To the Receiving Agency: Prohibition on disclosure. This information has been disclosed to you from records whose confidentiality is protected by law. This prohibits you from making any further disclosure of this information without specific written consent of the person to whom this information pertains.