



EFFECTIVE INTERVENTIONS

CREATING SOLUTIONS

Phone: (910) 603-7508

Fax: (910) 688-7057

Authorization to Release and Exchange Information

I, _____, authorize _____ to release and exchange information with _____, regarding _____.

The program related information to be released and exchanged may include but is not limited to:

- ABLLS Assessments
- VP-MAPP Assessments
- Initial Plans of Care
- Updated Plans of Care
- Current Program Targets/Objectives
- Functional Assessment Results
- Current Target Data
- Behavior Data
- Monthly updates
- Updates to medications or diagnosis information

Please list any items that you would like excluded from release to this provider:

By signing this release form, I understand that information may be released and exchanged between the above-mentioned person/s during my contract with Effective Interventions from one year from the date of signature. This release will be effective for one year from the date signed unless written notice to terminate this release is received in which case it will be discontinued on the date written release is received.

I understand that I do not have to sign this release form and in not doing so, my child's services will not be affected.

I hereby release the named individuals from legal liability regarding releasing and exchanging program related information pertaining to my child. I understand that information may be shared in person, paper documents, phone, or electronic means such as email.

Signature of parent/guardian: _____ Date _____