

Authorization to Release Information

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand this release is voluntary and applies to all programs and services rendered by Pediatric Therapy of Riverside. I understand that my personally identifiable information (PII) may be protected by the federal rules for privacy under the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and/or other applicable state or federal laws and regulations. I understand that my PII may be subject to re-disclosure by the recipient without specific written consent of the person to whom it pertains, or as otherwise permitted. I also understand that the recipient may not condition treatment, payment, enrollment or eligibility on whether I sign this form. I understand that I may revoke this authorization at any time by notifying Pediatric Therapy of Riverside in writing, but if I do, it will not have any effect on any actions taken before receipt of the revocation. This release once signed will remain in effect unless otherwise revoked.

I hereby authorize Pediatric Therapy of Riverside to (check all that apply):

- Exchange information with
- Release information to
- Obtain information from

The following Organization/Individual in regard to the above-named patient:

Name of Organization/Individual: \_\_\_\_\_

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

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

I hereby authorize this information to be exchanged in the following manner(s):

- Verbal only
- Written form only
- Both verbal and written communication

Description of information to be exchanged/released/obtained (select all that apply):

- Education records
- Evaluation/assessment/eligibility records
- Medical records
- Clinical records (including behavioral, psychological, physical, occupational, and speech therapies)
- Other: \_\_\_\_\_

This information is to be used for diagnostic, treatment planning, and continuity of care purposes only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_