RELEASE OF INFORMATION

REQUIRED FOR CASE MANAGER & SCHOOL REFERRALS

Client: _____ **Birthdate:** _____

I authorize Adapt Behavioral Services

- Orange/Seminole/Lake: (407) 622-0444; fax (407) 699-0444; Maitland@Adapt-FL.com
- Volusia/Flagler/St. Johns/Duval: (386) 898-5003; fax (386) 675-6490; Ormond@Adapt-FL.com
- Osceola/Polk/Hillsborough/Pinellas: (407) 928-0444; fax (407) 518-0808; Kissimmee@Adapt-FL.com

to exchange confidential information concerning the above-named client with the following:

Agency Name: _____ **Contact Person:** _____

Agency Address/City/State/Zip: _____

Agency Phone: _____ **Fax:** _____ **Contact Email:** _____

I authorize: *(at least one method of information release must be checked)*

☐Informal communication regarding all client information between both parties.

AND/OR

☐Copies of the following documents to be mailed/faxed to the agency listed above
☐Copies of the following documents to be mailed/faxed to Adapt Behavioral Services
☐Limited verbal communication (no copies) related only to the following records

Check which documents are authorized to be released *(* items are Adapt records)*

☐*Bio-Psychosocial Evaluation	☐*ABA Assessment/BIP	☐TCM Assessment/Service Plan	☐Psychiatric Records
☐*Licensed Evaluation	☐*ABA Reassessment	☐TCM Service Plan Review	☐Medical Records
☐*Treatment Plan/Reviews	☐*Progress Summary	☐School Records	
☐*Discharge Review	☐*Service Records	☐Other: _____	

Purpose of Release: *(at least one purpose must be checked)*

☐Assessment ☐Treatment Coordination ☐Notification of compliance with court-ordered treatment (e.g., DCF, DJJ)
☐Other, specify: _____

- I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment from Adapt Behavioral Services.
- I understand that if I am court-ordered into treatment and refuse to allow Adapt Behavioral Services to share information with those responsible for monitoring my compliance with mandated treatment, this may result in negative consequences imposed by the court.
- I understand that I may revoke this authorization in writing at any time, however I cannot revoke authorization for action that has already been taken.
- A copy of this release shall be valid as the original.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.

***********MAKE SURE AGENCY INFORMATION IS FILLED IN ABOVE BEFORE SIGNING*******

Client/Guardian Signature: _____ **Date:** _____

Guardian Name (printed): _____ **Relationship:** _____