



CLIENT RELEASE OF INFORMATION

At Sunderlin Behavioral Interventions, all client’s records (verbal or written) will not to be released or shared with outside parties unless a consent form has been signed. In such case, the information may only be shared with the specific parties authorized on the consent form.

I, _____ hereby authorize Sunderlin Behavioral Interventions, INC.
[Client/Parent/Legal Guardian]

to disclose to and/or obtain from _____ at
[Name of Person or Title of Person or Organization]

_____ the following information:
[Contact Information for Above-Named Person or Organization]

Description of Information to be Disclosed or Obtained:
(Patient/Client should initial each item to be disclosed or obtained)

- | | |
|---|-------------------------------|
| _____ Assessment | _____ Medical Information |
| _____ Diagnosis | _____ Educational Information |
| _____ Psychological Evaluation | _____ Progress in Treatment |
| _____ Psychiatric Evaluation | _____ Demographic Information |
| _____ Treatment Plan or Summary | _____ Session Notes |
| _____ Current Treatment Update | _____ Other _____ |
| _____ Presence/Participation in Treatment | _____ Other _____ |

I understand that this release form is valid for the period in which the above-named client is in active treatment with the Sunderlin Behavioral Interventions, INC.

Unless it has been specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

This authorization to release information will remain in effect unless I revoke it in writing. I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Sunderlin Behavioral Interventions, INC. at info.sunderlinbcba@gmail.com. I also understand that the revocation will not affect any releases made prior to the receipt of the written revocation.

The Client and/or Parent/Legal Guardian acknowledge(s) that they understand and agree to the terms outlined above.

Signature of Client

Date

Signature of Parent/Legal Guardian