SUMMIT CAMPUS
Opening Doors to An Independent Future

Release of Information Authorization

Client Name: _____ **Client Date of Birth:** _____

Street Address: _____ **City/State:** _____ **ZIP:** _____

I understand this release is voluntary and applies to all programs and services operated under the auspices of Summit Campus. 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, except for certain eligibility or enrollment determinations. **I understand that I may revoke this authorization at any time by notifying Summit Campus in writing, but if I do it will not have any effect on any actions taken before receipt of the revocation.**

I hereby authorize Summit Campus to share information and communicate with the following organizations and/ or people identified below.

1. Name of Organization/Individual: _____

_____ _____ _____

Address **City/ State** **Zip** **Phone**

Information to be exchanged/released/obtained:

___ Education Records ___ Medical Records ___ Evaluation/Assessment/Eligibility Records

___ Clinical Records (including behavior analytic, psychological, physical, occupational, and speech therapies)

2. Name of Organization/Individual: _____

_____ _____ _____

Address **City/ State** **Zip** **Phone**

Information to be exchanged/released/obtained:

___ Education Records ___ Medical Records ___ Evaluation/Assessment/Eligibility Records

___ Clinical Records (including behavior analytic, psychological, physical, occupational, and speech therapies)

Client Name: _____ **Date:** _____

Client Signature (if applicable): _____

Parent/Guardian Name(s): _____ **Date:** _____

Parent/Guardian Signature(s): _____