ABA and Verbal Behavior Group 3934 Murphy Canyon Rd., Suite B202 San Diego, CA 92123

AUTHORIZATION TO RELEASE INFORMATION

Client Name:		DOB:	
		City/State	ZIP
Verbal Behavior Gro rules for privacy und Accountability Act (I be subject to re-disc otherwise permitted eligibility on whethe revoke this authorize	oup. I understand that my plant the Family Educational HIPAA), and/or other applications by the recipient with also understand that the I sign this form, except for	personally identifiable info Rights and Privacy Act (FEF cable state or federal laws shout specific written conse e recipient may not condit or certain eligibility or enro ying ABA and Verbal Behav	vices operated under the auspices of ABA and rmation (PII) may be protected by the federal RPA), the Health Insurance Portability and and regulations. I understand that my PII may ent of the person to whom it pertains, or as ion treatment, payment, enrollment or ollment determinations. I understand that I may vior Group in writing but if I do, it will not have
I hereby authorize A Exchange with	ABA and Verbal Behavior G Release to	roup to (check all that app	oly): the parties I have indicated below
J			
I hereby authorize A ☐ Verbally only	ABA and Verbal Behavior G In written form only	roup to exchange / releas y	-
Organization or In	dividual receiving/com	municating the informat	ion:
Name of Organization	n/Individual		
Address	City, State	Zip	Phone
Name of Organization	n/Individual		
Address	City, State	Zip	Phone
☐ Education record☐ Evaluation/assess	s sment/eligibility records	ed / released / obtained Medica Other , psychological, physical, oc	l records
Duration of releas ☐ This release will r	•	years, unless otherwise st	ipulated or revoked in writing.
		(MM/DD/YY	
Signature of Client Pa	rent/Guardian		Date

PRINT NAME and Relationship of Representative to Client