Authorization to Obtain Client Information

HIPAA authorization (45 CFR 164.508) and FERPA consent (34 CFR 99.30)

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1. Client

Client name: _____ Date of birth: _____

2. Who may release information

I authorize each agency or person named below to release information to, and discuss it with, Shawna Heiser, MS, BCBA, of Special Learning 1-on-1 LLC.

Type	Agency or person (name and contact)	Phone / fax
☐ School / district		
☐ Physician / clinic		
☐ Therapy provider		
☐ Other agency		

3. Information to be released (check all that apply)

☐ Diagnostic reports and evaluations
☐ Psychological and behavioral assessments
☐ Therapy evaluations and progress reports (OT, PT, speech)
☐ Attendance, discipline, grades and test scores
☐ IEP, 504 plan and special education records
☐ Behavior plans and behavior data
☐ Medical history, medications and relevant visit notes
☐ Other: _____

Records dated from _____ to _____ (leave blank for all dates)

Initial to release: ____ Mental health ____ Substance use disorder treatment (42 CFR Part 2) ____ HIV / STD

This form does not cover psychotherapy notes or SUD counseling notes. Those require a separate authorization.

4. Purpose

☐ Assessment and treatment planning ☐ Coordination of care ☐ School consultation and educational planning
☐ At my request ☐ Other: _____

5. Expiration

This authorization expires one year after the date signed, unless I write an earlier date or event here: _____

6. My rights

Revoking: I may revoke this authorization at any time by giving written notice to Special Learning 1-on-1 LLC and to the agency holding the records. Revoking does not undo anything already done in reliance on this form.
Voluntary: Signing is voluntary. My treatment, payment, enrollment or eligibility for benefits will not depend on whether I sign.
Redisclosure: Information released under this form may be redisclosed by the recipient and may no longer be protected by federal privacy rules. Substance use disorder records keep added limits under 42 CFR Part 2.
Copy: I am entitled to a copy of this signed form. A copy or scan is as valid as the original.

7. Signature

Signature of client or representative: _____ Date: _____

Typing your full name counts as your signature. You may also print and sign by hand.

Printed name: _____

If not the client, authority to act: ☐ Parent of minor ☐ Legal guardian ☐ Personal representative

☐ Other authority: _____ ☐ Office: copy given on _____