

A NEW LEAF, INC.
**Authorization to Obtain and/or Consent to
 Release Information**



I, the undersigned, in order to assist in the delivery of services, hereby consent to and **authorize A New Leaf, Inc.**, by and through its employees to **release, disclose, or obtain** records and other information regarding:

_____ to/from _____

Participant's Name	Provider/Recipient of Records
Date of Birth	Address
A New Leaf, Inc 2428 N. Stokesberry Pl. Meridian, Idaho 83646 Ph. 208-939-3888 Fax. 208-939-5599	City, State, Zip
	Phone Fax

The following Developmental information is being requested:

- ___ Medical/Social Evaluation
- ___ Functional Assessment/Developmental Evaluation/IPP/PIP's/Progress Summary
- ___ SIB-R Results/Response Pages
- ___ Other (specify) _____

The purpose of releasing, disclosing or obtaining this information is: _____

I hereby further agree and acknowledge that I understand that the records to be released, disclosed or obtained by reason of this consent and/or authorization **may be confidential, and/or privileged** in nature and that said records may not otherwise be disclosed by A New Leaf or its employees without appropriate consent and/or authorization. I further acknowledge that **this consent and/or authorization was knowingly and voluntarily given** and agree to release A New Leaf and/or its employees from any future liability in regards to any appropriate disclosure given verbally or in written documentation in regards to this consent and/or authorization. This signed form expires (1) one year from date of participant/guardian signature. The participant/guardian has the right to revoke this release at any time with written notification.

Name of Participant: _____
 Participant/Parent/Guardian Signature: _____ Date: _____
 Print Name that appears on Signature Line: _____

Address City, State, Zip

A New Leaf Representative: _____ Date: _____