

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 information indicated by a ✓ and the undersigned's initials is to be exchanged:

- ☞ ___ Medical Records (stating DX, past/present info to assist w/medical social history)
- ☞ ___ Initial Evaluations/Follow up Notes
- ☞ ___ Healthy Connections
- ☞ ___ Medical/Social Evaluation
- ☞ ___ Functional Assessment/Developmental Evaluation/IPP/PIP's/Progress Summary
- ☞ ___ SIB-R Results/Response Pages
- ☞ ___ Psychiatric Evaluation, Medication History, and Progress Information
- ☞ ___ Psychological Evaluation
- ☞ ___ Speech/Language Evaluation/Objectives/Progress Summary
- ☞ ___ Physical Therapy Evaluation/Objectives/Progress Summary
- ☞ ___ Occupational Therapy Evaluation/Objectives/Progress Summary
- ☞ ___ School Records: IEP/Progress Report/Assessment results
- ☞ ___ Physicians Order: SIB-R, Dev Eval, Med Soc Eval.
- ☞ ___ 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.

Required Signatures

Name of Participant: _____

Participant/Parent/Guardian Signature: _____ Date: _____

Print Name that appears on Signature Line: _____

Address City, State, Zip

A New Leaf Representative: _____ Date: _____