



1350 Terry Drive, Plainfield, IN 46168
317-838-7002 (phone) 317-838-7024 (fax)

Authorization for Release of Confidential Information

Name: _____ Date of Birth: _____

Address: _____

I (we) hereby authorize:

1) Strides to Success to release information to: _____

2) Strides to Success to obtain information from: _____

3) I authorize the release of information concerning:

- | | |
|--|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Goals |
| <input type="checkbox"/> Results of Evaluation | <input type="checkbox"/> Consultation with School |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Lesson Plans | <input type="checkbox"/> Reason for Termination |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Participant Application |
| <input type="checkbox"/> Other _____ | |

4) This consent is valid for period of time: _____

5) I understand that this information may include information relating to:

- a) Mental, emotional, or behavioral health
- b) Psychiatric or medical care

6) I understand that I may revoke this authorization at any time by notifying Strides to Success in writing of my intent to revoke this authorization. If I do notify Strides to Success, in writing, of my intent to revoke this authorization, such revocation will not have any effect on any actions by Strides to Success take before the revocation. Notification must be sent to Program Director, 1350 Terry Drive, Plainfield, Indiana 46168.

7) I understand that Strides to Success will give me a copy of this authorization form after I sign it.

8) I (we) understand that my (our) records will be professionally and ethically maintained by Strides to Success as provided by the statutes of the State of Indiana, HIPAA, and the Codes of Ethics and Professional Standards of our professional practices. Please be aware that once your records leave Strides to Success, we can no longer insure their confidentiality.

Signature (Self/Father/Legal Representative)

Date of Execution

Printed Name

Relationship to Participant

Signature (Self/Mother/Legal Representative)

Date of Execution

Printed Name

Relationship to Participant

Witness Signature

Printed Name of Witness