

Authorization to Release or Obtain Information

We are committed to the privacy of your information. Please read this form carefully.

Participant's Information:		D	
	's Name: Date of Birth:ess:		
Parent/Guardian:Phone:			
Preferred Contact Method: □Phone	□E-Mail		
Information to be shared:			
☐ Ages & Stages Questionnaires [®] , Third	Edition (ASO®-3)		
☐ Ages & Stages Questionnaires®: Social		tion (ASO®·SF-2)	
<u> </u>			
Listatus of Referral	ther (describe):		
Please Check: ☐ Release/Send informa	tion to: ☐ Obtai	n/Get information fi	rom:
Name of Individual:	Organization:		
Address:			
Street	Town/City	State	Zip Code
Telephone:	Email a	ddress (optional):	
The purpose of this disclosure is to coordin	4	41.21.12	.1.14
The purpose of this disclosure is to coordin	iaic and communicate an	out my child's care an	u ucvelopment.
To share the information with others by E	MAIL or other electronic	means, please initial l	below.
I understand that email and the internet have		· •	
emailed information could be read by a third		RISKS and still ask to s	send the information by
email or program database. Initial Here:			
I understand and agree that:			
• I am signing this form voluntarily. I	have the right to a signed c	opy of this form if I rea	uest one.
• "Information" relating to my child m		• • • • • • • • • • • • • • • • • • • •	•
from healthcare providers (such as de	· 1	· · · · · · · · · · · · · · · · · · ·	•
• My signature allows the people/offic	es named above to discuss	my child's information	for the purposes noted.
• My child's information will be kept of	•		
others who are not legally required to			_
I may revoke (take back) my permiss		-	
sending it to the office that shared the		tion Form is effective o	nly after it is received and
does not apply to information that waI may refuse to disclose all of the info	•	a haak my narmission a	or refuse to release some or
• I may refuse to disclose all of the infi- all of the information, my choice cou			
• This form expires one year from the			
 This form permits additional releases 			
•	Parent/Guardian:		

