

# Prestige Evaluation and Consulting Services, LLC

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Phone: 214-274-9386; Fax: 214-473-4246

## Consent for Release of Confidential Information

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

By signing this form, you are authorizing **Prestige Evaluation and Consulting Services, LLC** to release or request otherwise confidential health information to/from one or more people whom you designate.

I, \_\_\_\_\_, authorize **Dr. Daralyn A. Plains** of **Prestige Evaluation and Consulting Services, LLC** to: *(Check all that are relevant)*

**Discuss** otherwise confidential information pertaining to my child's treatment or the requested services with: \_\_\_\_\_

**Transmit a copy** of my child's otherwise confidential health record to: \_\_\_\_\_

**Request** otherwise confidential health records from: \_\_\_\_\_

**Email** online behavior rating scale (s) to teacher (s) for completion (e.g.- Behavior Assessment Scale for Children-Third Edition, Behavior Rating Inventory of Executive Functioning- Second Edition, Autism Spectrum Rating Scale, etc.).

Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

**Other:** \_\_\_\_\_

This information is being released/requested for the following purpose(s):

To facilitate evaluation/treatment planning

To provide information relevant to academic accommodations and educational programming

Other: \_\_\_\_\_

If you have authorized **Dr. Daralyn Plains** to **discuss** confidential information, specify the period during which she may communicate with the person(s) listed above, by checking the appropriate box below:

I authorize ongoing communication unless I revoke this consent.

I authorize communication only until \_\_\_\_\_ (specify date).

No other limitations

I understand that my consent is voluntary and may be withdrawn at any time. I understand that revocation of this consent is not retroactive and is only valid for 1 year from the date signed below, and only for the purposes indicated on this release. A facsimile of this form will be regarded as valid as the original.

**Parent/Adult Client Signature:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_