



BE SOCIALLY EMPOWERED

Authorization for Release of Information



CLIENT INFORMATION

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____



PURPOSE OF AUTHORIZATION

I, the undersigned parent/guardian, authorize the exchange of information between:

Be Socially Empowered (Consultant/BCBA)

and

School / District / Provider Listed Below



AUTHORIZED ENTITIES

School/District/Provider Name: _____

Contact Person (if known): _____

Phone/Email: _____



INFORMATION TO BE RELEASED

(Check all that apply)

- Individualized Education Program (IEP)
 - Behavior Intervention Plan (BIP)
 - Functional Behavior Assessment (FBA)
 - Psychoeducational Assessments
 - Progress Reports
 - Service Logs / Data Collection
 - Eligibility Reports
 - Discipline Records
 - Emails/Communication with School Team
 - Other: _____
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PURPOSE OF DISCLOSURE

(Check all that apply)

- Consultation & Case Review
- IEP Meeting Preparation



- IEP Meeting Participation
 - Development of Recommendations
 - Ongoing Collaboration with School Team
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METHOD OF COMMUNICATION

(Check all that apply)

- Email
 - Phone
 - Written Reports
 - Virtual Meetings (Zoom, Google Meet, etc.)
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CONFIDENTIALITY NOTICE

Information disclosed under this authorization is intended solely for the purpose stated above and will be handled in accordance with professional and ethical standards. Be Socially Empowered will not re-disclose information without additional written consent, except as required by law.



EXPIRATION OF AUTHORIZATION

This authorization will expire on:

- 6 months from date of signature
- 12 months from date of signature
- Specific Date: _____

Parent/Guardian may revoke this authorization at any time in writing.



VOLUNTARY CONSENT

I understand that:

- This authorization is voluntary
 - I may revoke it at any time in writing
 - Revocation does not apply to information already disclosed
 - This authorization allows communication but does not guarantee services or outcomes
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SIGNATURE

Parent/Guardian Name: _____

Signature: _____

Date: _____

Be Socially Empowered Representative:

Name: _____

Signature: _____

Date: _____