

**Daniel Swartz, MD**  
**1643 Slaughter Road Madison, AL 35758**  
**Phone: 256-895-8148      Fax: 256-489-8148**

## Release of Information Consent Form

I, \_\_\_\_\_ authorize, \_\_\_\_\_

To: \_\_\_\_\_ (send) \_\_\_\_\_ (receive) the following medical information \_\_\_\_\_(to) \_\_\_\_\_ (from) the following agencies or people:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Testing Results      | <input type="checkbox"/> Behavior Programs            |
| <input type="checkbox"/> Case Notes                    | <input type="checkbox"/> Intelligence Testing Results |
| <input type="checkbox"/> Psychological Testing Results | <input type="checkbox"/> Service Plans                |
| <input type="checkbox"/> Summary Reports               | <input type="checkbox"/> Vocational Testing Results   |
| <input type="checkbox"/> Medical Reports               | <input type="checkbox"/> Personality Profiles         |
| <input type="checkbox"/> Progress Reports              | <input type="checkbox"/> Entire Record                |
| <input type="checkbox"/> Psychological Reports         |   |
| <input type="checkbox"/> Other: _____                  |   |

The above information will be used for the following purposes:

- ☐ Planning Appropriate Treatment or Program
- ☐ Continuing Appropriate Treatment or Program
- ☐ Determining Eligibility for Benefits or Program
- ☐ Case Review
- ☐ Updating Files
- ☐ other: \_\_\_\_\_

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

_____ Signature of Client	_____ Date
------------------------------	---------------

_____ Signature of PARENT/GUARDIAN	_____ Date
---------------------------------------	---------------

_____ Signature of Witness (if unable to sign)	_____ Date
---	---------------

_____ Signature person informing client rights	_____ Date
---	---------------