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|  | Greater Boston ABA Associates (617)957.6451email kcesario\_aba@yahoo.com130 Liberty St. Ste 13a Brockton, MA 02301 |

**ABA SERVICES**

**RELEASE OF INFORMATION**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Greater Boston ABA Associates, provider to have

 (Patient/or guardian if under 18)

correspondence to and from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that supervision activities and information gathering activities may include:

Verbal Discussions; face to face discussions or telephonic information sharing

Review of client record

Authorization to meet with individual/school/agency noted above

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby consent to this release of information. I give this consent voluntarily, without threat of punishment or promise of special reward. I have been given the opportunity to have my questions answered. I have also been offered a copy of this for and understand that I may withdraw consent at any time without fear of punishment. This consent will expire one year from date signed unless otherwise revoked by patient/guardian or if services are terminated.*

Signature of Parent and/or Legal Guardian Date

Signature/Clinician staff Date