



The Children's Place

2 East 59th Street • Kansas City, Missouri • 64113

Phone: (816) 363-1898 Fax: (816) 822-7711 www.childrensplacekc.org

Authorization for Release of Information

(Name and date of birth of persons about whom information is to be released)

The undersigned hereby authorizes The Children's Place to:

release information to _____ obtain information from _____

The person or facility noted below:

(Name of Person or Facility)

(Address/Phone of Person or Facility)

INFORMATION TO BE RELEASED:

- Assessment Report(s) Psychological Evaluation Educational Records
- Treatment Plan/Review(s) Speech/OT Evaluation(s) Discharge Summary
- Other (Specify) _____

THIS INFORMATION IS TO BE DISCLOSED FOR THE PURPOSE OF:

- Intake Evaluation Treatment Planning/Provision Discharge Planning
- Other-Specify _____

METHOD OF DISCLOSURE: Verbal Written

This authorization is valid for one year or until _____. It may be revoked at any time except to the extent that action has already been taken.

Enrollment and treatment are not conditioned by The Children's Place on whether the Authorization for Release of Information is signed.

It is understood that information released by The Children's Place based on this authorization may be subject to re-disclosure by the recipient of this information. It is understood that a photocopy or facsimile of this authorization is valid.

The Children's Place is hereby released from all legal liability for release of information to the extent indicated and authorized herein.

(Signature of Client/Parent/Legal Guardian)

(Relationship)

(Date)

(Signature of Witness)

(Relationship)

(Date)