



Authorization for Release & Exchange of Client Information

Individualized Educational Services

Client:

Client's Age:

Client's Birthday:

Parents:

Client Language(s):

Ed. Specialist:

Home Language(s):

Contact Language:

Written parental / client consent shall be obtained before personally identifiable information is disclosed in writing or orally to anyone other than authorized employees specified by Individualized Educational Services. You need to know that:

- You choose which agencies shall exchange information.
- You may refuse to sign this exchange form.
- Information about your child and family is strictly confidential. Individualized Educational Services maintains records specifying the source of the information, the date and purpose of any disclosure, and with whom information was shared.
- These records will help in evaluation, assessment, and service delivery for your child.
- You have the right to review records.
- **This consent is good for one year** unless you withdraw your consent before that time in writing.
- The only time Individualized Educational Services would share without my permission is when there is:
 - Evidence of child or elder abuse or neglect
 - A resident presenting a danger to themselves or others
 - A court order requires disclosing the information

Agency / Person: Jonathan Gush

Agency / Person:

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Fax:

**Information to
Release and / or
Exchange:**

Client, or Parent of underage Client

Date

Client, or Parent of underage Client

Date