Sue Sacks, M.A.
Learning Specialist
1220 SW Morrison, Suite 525 Portland, OR 97205

RELEASE TO DISCLOSE CONFIDENTIAL INFORMATION

Regarding: _____ _____
Client Name Birth date

I authorize Sue Sacks to: ☐ to receive information from ☐ to provide information to

_____
Name

_____
Mailing Address (must be complete to be processed)

_____ _____ _____
E-mail Address **Telephone** **Fax number**

For the purpose of: ☐ Treatment Planning ☐ Coordination of Care ☐ Diagnostic Evaluation
☐ Other (please specify): _____

Check and initial all that apply:
____School Records
____Psychological, Psychoeducational or Neuropsychological reports
____Educational Reports
____Speech/Language Reports
____Treatment goals/progress reports
____Other: _____

This authorization will expire on _____ (date), six months from the date of signing, or the end of the period reasonably needed to complete the disclosure for the above-described purpose. You have the right to revoke this Authorization at any time in writing. Identify the date you signed the Authorization, the recipient of the information identified, and state that you are revoking the Authorization. We cannot take back uses or reverse disclosures already made with your permission.

I have reviewed and I understand this Authorization. By signing this, I understand that I am directing you to disclose information to/receive information from a person or organization that may not have or obey the same obligations to protect privacy under state and federal law. The disclosure of the information specified above carries with it the potential of an unauthorized re-disclosure and loss of protection under state and federal law.

Communication by electronic means, i.e., e-mail, is not secure and presents a significant risk to patient confidentiality. By requesting exchange of information or communication by e-mail I acknowledge that I am aware of these significant additional risks to confidentiality and agree to assume these risks and know that confidentiality, review, re-disclosure, dissemination, distribution or copying of this information cannot be guaranteed.

_____ _____
Client (ages 18 or older) Date

_____ _____
Signature for client/parent/guardian Date