



The Arc of Greater Pittsburgh

<a href="http://www.achieva.info">www.achieva.info</a>	info@achieva.info f: 412.995.5001	p: 412.995.5000 toll free: 1.888.272.7229
<b>Allegheny County</b>	<b>Westmoreland County</b>	<b>Beaver County</b>
711 Bingham St. Pittsburgh PA 15203	5129 Route 30 Greensburg PA 15601	P.O. Box 105 204 Golfview Drive Monaca PA 15061

### AUTHORIZATION FOR RELEASE OF RECORDS and CONFIDENTIAL INFORMATION

TO: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to release to Achieva Advocacy and Family Supports information from the record of:

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

For the purpose of \_\_\_\_\_.

**The information being requested is:**

\_\_\_ Educational records, psychological and educational evaluations and reevaluations, Individualized Education Plans, report cards and discipline records.

\_\_\_ Medical records, including social and medical history, treatment recommendations and discharge summary, psychological and psychiatric evaluations and developmental history.

\_\_\_ Records, Priority of Need for Services (PUNS), Individualized Support Plans (ISPs).

\_\_\_ Shared verbal information

\_\_\_ other: \_\_\_\_\_

I understand this Authorization is effective for one year. I understand that I have the right to revoke this authorization at any time by sending a written request to the entity I authorized above to release the information.

Date: \_\_\_\_\_ Signature of Adult Consumer: \_\_\_\_\_

Signature of Parent/Legal Guardian/Authorized Representative: \_\_\_\_\_

Authorized Representatives Relationship and Authority to act on behalf of the person:

\_\_\_\_\_

Oral Authorization in the Case of an Emergency and the Person is not Physically Able to Sign:

\_\_\_\_\_

I witness that the above named person understood the nature of this release and freely gave their oral authorization.

Date: \_\_\_\_\_ Signature of Witness #1: \_\_\_\_\_ Witness#2: \_\_\_\_\_