



Education Consultation, Advocacy &
Mediation Services
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Taunton, MA. 02780
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AUTHORIZATION TO RELEASE / REQUEST INFORMATION

I _____, Client, hereby authorize COMMUNITY CARE
(Educational Decision Maker)

SERVICES, INC., 70 MAIN STREET, TAUNTON, MA. 02780, (Hereinafter "Consultant") to exchange with, disclose to

and/or obtain from _____ following information or
(Name & Address)

records on: _____ DOB _____

_____ Records of Psychiatric Evaluations / Treatment

_____ Records of Medical Evaluations / Treatment

_____ Alcohol and / or Drug Evaluations / Treatment

_____ Medications Prescribed

_____ School Records

_____ School observation in all settings

_____ Permission to speak to any/all personnel

_____ Other: _____

If you are a school system you have ten (10) days to send out the records that have been requested. This is in accordance with Massachusetts State Regulations 603 CMR 23.07 (2) (a).

This information is needed for the purpose of appropriate educational programming.

I understand that Consultant abides by Federal and State Confidentiality Regulations which protects the confidentiality of my record and that information contained in my record cannot be disclosed without my written consent, unless otherwise provided for in the laws and regulations.

I understand that I may revoke this consent at any time upon written request. Otherwise, this consent will expire 365 days from the date it is signed.

I herewith release and hold harmless Community Care Services, Inc. and any of their officers, agents, employees, directors, or servants from any liability for the release of any information provided in accordance with this directive.

Signature (Educational Decision Maker)

Date