CARE COORDINATION AND AUTHORIZATION TO RELEASE INFORMATION

Client's Name:____

Telephone:____________________________ Birthdate:______________

Street Address:____

City, State, Zip:________________________________

CONSENT

I authorize HOPE Group to obtain and/or release information regarding my child/myself regarding services provided to my child/myself verbally, in-person, via telephone or in written form, pertinent to services provided at Hope Group, as indicated below. I understand that any exchange will be handled with strict confidentiality. This consent shall expire one (1) year from the date of signature. I understand I may revoke my consent in writing at any time except to the extent that action has already been taken in reliance on it.

Signature______________________________ Date____________

Check all that apply:

_____ Pediatrician/Internist

_____ School speech pathologist

_____ School psychologist/social worker

_____ Caregiver (name):________________

_____ Family member (name): ______________

_____ Insurance Company (name): ________________

_____ Psychologist/psychiatrist

_____ Classroom teacher

_____ School occupational therapist

_____ Other::________________

_____ Other: ________________

_____ Please **do not** share information with any other professionals or individuals regarding my family member.

WRITTEN REPORTS:

*Please indicate below who you would like your family member's written reports **mailed** to:*
Please check one:

_____ I prefer that my child's reports be sent to **parents only.**

_____ Please send reports to **parents** and **provider**.

Provider Name, specialty and Address (complete address required)**:**

____

FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2.

HOPE Group, Tucson
3323 N. Campbell Ave., Ste.1
Tucson, Arizona 85719
P: 520.284.9655 F: 480.898.7419
E: info@hopegroupaz.com

HOPE Group
4530 E.Muirwood Dr., Ste.103
Phoenix, Arizona 85048
P: 480.610.6981 F: 480.898.7419
E: info@hopegroupaz.com

Highland Behavioral
4530 E. Muirwood Dr., Ste.104
Phoenix, Arizona 85048
P: 480.397.6540 F: 480.436.5134
E: info@highlandbehavioral.com