



## RELEASE OF INFORMATION TO THIRD PARTY

### INFORMED CONSENT:

The Center for Learning & Behavioral Solutions, Inc. keeps a record which contains information regarding the participation of this client in our program. Specifically, the record may contain dates of contact, a brief health and developmental history, a program layout, notes about progress, and other documents relevant to this client's program. The records are confidential and may be released only with written consent by this client. The client has the right to refuse the release of any information at any time.

### RELEASE OF INFORMATION:

I, \_\_\_\_\_, the client, or \_\_\_\_\_ the parent/guardian of this client, authorize the exchange of verbal and written information between CENTER FOR LEARNING AND BEHAVIORAL SOLUTIONS, INC., Shirin Ansari, Ph.D. and her staff with:

Person/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Valid from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

This may include pertinent assessment, diagnostic, and treatment information from my/my child's medical and psychological record.

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Please release all records: \_\_\_\_\_

Please release only the following records: (please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### **I have read and understood this release and the limitations of confidentiality.**

Client's Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Client/Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Center for Learning Representative Date

**Center for Learning & Behavioral Solutions, Inc.**  
16220 Scientific Way, Irvine, CA 92618  
Phone: (949) 654-2424 Fax: (949) 654-2428 [www.C4L.net](http://www.C4L.net)