



Phone: 248.762.8679  
Toll Free: 855-646-6093  
Email: egordon@therightschool.com

**AUTHORIZATION TO RELEASE/OBTAIN CONFIDENTIAL INFORMATION**

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s): \_\_\_\_\_

I understand that during the course of our involvement with E. Gordon Associates, it will be necessary for staff to consult with various persons such as doctors, educators, and other outside experts concerning my child. I expressly authorize and consent to E. Gordon Associates' consultation with such professionals and experts on my child's behalf. I understand that in the course of such consultation, E. Gordon Associates may receive or give information that is of a confidential nature.

I hereby authorize E. Gordon Associates to receive and give such information concerning my child in order to provide continuance of care and consulting services. I also authorize my child's physicians, educators, and other who may possess confidential information concerning, y child to divulge and deliver that information to E. Gordon Associates. A facsimile of this authorization should be sufficient to authorize the delivery of such information. This authorization shall remain in effect until \_\_\_\_\_ or until such time the I/we wish to retain the confidential nature of any such information by advising E. Gordon Associates in writing.

**School Staff** \_\_\_\_\_

**Dr./Therapist** \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

**Other Program** \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Client Signature (if over 18)

**Items requested/provided for disclosure:**

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