



the Coastal Center

Consent for Release of Information

Name of Client: _____ Date of Birth: _____

I, _____, as client, parent or legal guardian, hereby authorize _____, clinician employed by The Coastal Center, to request and obtain the following specified records and information from:

Information to be released:

- Evaluations
- Treatment Plans
- Medical Records
- Progress Notes
- Developmental/Sensory History

Other _____

I acknowledge that this consent is voluntary and is valid for one year. I understand that I may revoke this consent at any time, except to the extent that action based on this consent has been taken.

Signed: _____ Date: _____