



**Authorization for Release of Information**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I, the undersigned, hereby authorize AgrAbility of Utah to release and/or obtain the information indicated below regarding the above named individual with:**

Person/Agency Name:			
Address/location:			

Information to be released from AgrAbility of Utah		
Y	N	
		Assessment
		Progress Summary Report
		Individual Service Plan
		Annual Review
		Discharge Summary
		Other:

Information to be obtained from the agency(ies) listed above		
Y	N	
		Educational/Vocational Plans
		Progress Summary Report
		Medical History
		Treatment Plan
		Discharge Summary
		Psychological evaluations/reports
		Other:

**Purpose of Disclosure:** \_\_\_\_\_

This authorization shall expire in \_\_\_\_\_ (days/months) or a maximum of 365 days after date of signing. I understand that I may revoke this consent at any time by sending a written notice to the recipient named, and to AgrAbility of Utah. I understand that any information released prior to the revocation may be used for the purpose listed above, and does not constitute a breach of my rights to confidentiality. I understand that I may review the disclosed information by contacting the party(ies) named above or AgrAbility of Utah.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Legal Guardian Date

\_\_\_\_\_  
Witness Date