



FULL CIRCLE PEDIATRIC SOLUTIONS  
P: 701-478-0221  
F: 701-478-0222

4725 AMBER VALLEY PARKWAY, SUITE B,  
FARGO, ND 58104  
FULLCIRCLEPEDIATRIC.COM

**Authorization to Release Information**

**Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I understand this release is voluntary and applies to all programs and services operating under Full Circle Pediatric Solutions. I understand that my personally identifiable information (PII) may be protected by the federal rules for privacy under the Family Educational Rights and Privacy Act (FERPA), the Healthy Insurance Portability and Accountability Act (HIPAA), and/or other application state for federal laws and regulations. I understand that I may revoke this authorization at any time by notifying Full Circle in writing but if I do, it will not have any effect on any actions taken before the receipt of the revocation.

**I hereby authorize Full Circle to:** (check all that apply)

Exchange with                       Release to                       Obtain from the parties I have indicated below

**I hereby authorize Full Circle to exchange/release/obtain information:** (check all that apply)

Verbally only                       In written form only                       Both verbally and in writing

**Organization or Individual receiving/communicating the information:**

\_\_\_\_\_  
Name of Organization/Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

**Description of information to be exchanged/released/obtained:**

Education records                       Medical records  
 Evaluation/assessment/eligibility records                       Other: \_\_\_\_\_  
 Clinical records (including but not limited to behavior analytic, psychological, physical, occupational, & speech therapies)

**Duration of information to be exchanged/released/obtained:**

From \_\_\_\_\_ (MM/DD/YYYY) To \_\_\_\_\_ (MM/DD/YYYY)

The purpose of this release is: \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Client or Legal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Client or Legal Representative**

\_\_\_\_\_  
**Relationship to Client**