achieva
The Arc of Greater Pittsburgh

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Westmoreland County
316 Donohoe Road
Greensburg PA 15601

Beaver County
105 Route 18
Beaver Valley Mall
Monaca, PA 15061

AUTHORIZATION FOR RELEASE OF RECORDS and CONFIDENTIAL INFORMATION

TO:_____

I, _____, hereby authorize you to release to Achieva Advocacy and Family Supports information from the record of:

NAME: _____ **D.O.B.**_____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

For the purpose of _____.

The information being requested is:

☐ Educational records, psychological and educational evaluations and reevaluations, Individualized Education Plans, report cards and discipline records.

☐ Records, Priority of Need for Services (PUNS), Individualized Support Plans (ISPs).

____Medical records, including social and medical history, treatment recommendations and discharge summary, psychological and psychiatric evaluations and developmental history.

____Shared verbal information

____other:_____

I understand this Authorization is effective for one year. I understand that I have the right to revoke this authorization at any time by sending a written request to the entity I authorized above to release the information.

Date: _____ Signature of Adult Consumer: _____

Signature of Parent/Legal Guardian/Authorized Representative: _____

Authorized Representatives Relationship and Authority to act on behalf of the person:

_____

Oral Authorization in the Case of an Emergency and the Person is not Physically Able to Sign:

_____

I witness that the above named person understood the nature of this release and freely gave their oral authorization.

Date: _____ Signature of Witness #1:_____ Witness#2:_____