SPECTRUM Services
PO Box 10806 ● Austin, TX 78766
8105 Shoal Creek Blvd., Ste. B ● Austin, TX 78757
www.SpectrumSocial.net ● Info@SpectrumSocial.net
Phone (512) 524-5482 ● Fax (512) 524-1177

Consent to Communicate

Date Completed: ____________________

Client's Legal Name: ____ DOB: ________________

PARENT / LEGAL GUARDIAN / ADULT CLIENT INFORMATION

Name: ______________________________________ Relationship to Client: __________

Phone: ______________________ Email Address: ________________________________

Mailing Address: ____________________________________ City, State, Zip: ______________

PERMISSION

I, the client / parent / legal guardian grant consent to Spectrum Social and Recreation Services, LLC (DBA Spectrum Services) to (please check all that apply):

◯ RELEASE information TO the person / agency / school – named below

◯ OBTAIN information FROM the person / agency / school – named below

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Name of individual, school, agency, physician, psychologist and/or other health provider

INFORMATION TO BE RELEASED / OBTAINED

◯ Educational Records ◯ Medical Records and Evaluations / Assessments

◯ Written summary of therapeutic and/or educational interventions (i.e. Counseling, behavior, speech, social skills therapy and instruction)

◯ Verbal summary of therapeutic and/or educational interventions (i.e. Counseling, behavior, speech, social skills therapy and instruction)

◯ Communication regarding client instruction

◯ Other: ____

SIGNATURE / AUTHORIZATION

I understand this is an Authorization and Consent regarding the client named for the release of specified records containing confidential information effective as of the date signed below. By signing this document, I give my consent for information to be released and/or obtained as documented above. I understand that I have the right to revoke this authorization at any time. I understand I must do so in writing and present my written revocation to the client records department of Spectrum. Unless otherwise revoked, this authorization will automatically expire 2 years from today's date.

____ ________________
Signature Adult Client / Parent / Legal Guardian Date