



AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION

CLIENT NAME: [] UCI#: [] DOB: [/ /]

I authorize exchange of the following information between the San Gabriel/Pomona Regional Center (SG/PRC) and Alma Family Services.

PROJECT HOPE Referral Form with a referral packet that includes the following:

Regional Center Records, specifically:

- IPP, Client Profile, Current Progress Report
- Bio-Behavioral Consultation Reports
- Social Security # (will be shared with Alma Family Services Intake Dept. to determine eligibility for counseling / medication management services/ case management services)
- Other: _____
- Psychological/Social Information
- SIR reports related to mental health needs

Mental Health Records, specifically:

- Mental Health History
- Discharge Summary
- Consultation Reports
- Other: _____
- Therapy Reports
- Psychiatric Admission Summary
- Psychotropic Medications

Medical Records, specifically

- History and Physical
- Medications

School (if currently in school):

- Current Psychological
- Current Class Progress related to mental health needs
- Current IEP
- AB3632 mental health assessment

In accordance with the California Welfare and Institutions Code, Section 4514(a), the consent of the person with developmental disability or conservator shall be obtained before information or records may be disclosed.

I understand the information obtained by use of this authorization (which is done at my request) will be used by SAN GABRIEL/POMONA REGIONAL CENTER and ALMA FAMILY SERVICES to determine eligibility for PROJECT HOPE services and for planning delivery of services for the above-named individual. This authorization is voluntary.

I agree a copy of this form shall be as valid as the original. I have a right to receive a copy of this authorization. I acknowledge that this authorization was filled out completely when I signed the authorization. I agree this authorization shall be valid from date signed below to when it is determined that the above-named individual will exit the PROJECT HOPE service unless I revoke this authorization in writing at any time.

I have received a copy of this authorization: Yes Copy Declined:

Dated this [] day of [], 20 []

Signature of Client

Conservator Information:

Print Name of Conservator

Signature of Conservator

Mailing Address: _____

Home Phone Number: [- -] Cell Phone: [- -]

Other Phone #: [- -]

Best time/day of week to reach conservator: _____

cc: Client File