



AUTHORIZATION FOR RELEASE OF INFORMATION
 NORTH DAKOTA VISION SERVICES/SCHOOL FOR THE BLIND
 SFN 51705 (07-2019)

ND Vision Service/School for the Blind
 500 Stanford Rd.
 Grand Forks, ND 58203-2799
 Phone (710) 795-2700
 FAX (701) 795-2727

CLIENT INFORMATION

Name of Client (Last, First, Middle Initial)		Date of Birth	
Street Address	City	State	ZIP Code

RELEASE OF CLIENT INFORMATION

I Hereby Authorize the Mutual Exchange of Information Between:

Name			Name		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Information Requested (Select one or more as appropriate)					
IEP		Eye Reports		Vocational Records	
Progress Notes		Educational Evaluations		Psychological Notes	
Other (please specify)					
Purpose of Disclosure					
Assessments		Further Services			
IEP Planning		Other (please specify)			

CONSENT

1. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment.
2. I understand that I may cancel this authorization at anytime by submitting a written request to North Dakota Vision Services/School for the Blind, except where a disclosure has already been made in reliance on my authorization.
3. I understand that information disclosed under this authorization maybe disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.
4. If the authorized information is protected by Federal Confidentiality Rules 42CFR, Part 2, it may not be disclosed without my written consent unless otherwise provided for in the regulations.
5. A photocopy of this release is as effective as the original.
6. I understand that this authorization will expire 12 months from the date of signing and to include all future records until authorization expires.
7. I understand that my name will not be used for marketing purposes.

Signature of Client

Date

Signature of Parent/Guardian

Date

Service Dates: From To

And on all future records until the authorization expires.