



Carbon Lehigh Intermediate Unit #21

4210 Independence Drive
Schnecksville, PA 18078-2580

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CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____ to release/obtain
(Name of Physician/facility and address)

information from the records of _____
(Patient's Name) (Date of Birth)

for the purpose of oral feeding assessment.

The information to be released is:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Comprehensive Evaluation Report | <input checked="" type="checkbox"/> Treatment Plans |
| <input checked="" type="checkbox"/> Academic Evaluation | <input checked="" type="checkbox"/> Lab Reports |
| <input checked="" type="checkbox"/> Biopsychosocial History | <input checked="" type="checkbox"/> Medical History |
| <input checked="" type="checkbox"/> Diagnostic Summary | <input checked="" type="checkbox"/> Medications |
| <input checked="" type="checkbox"/> Developmental History | <input checked="" type="checkbox"/> Psychiatric Evaluation |
| <input checked="" type="checkbox"/> Discharge/Aftercare Plan | <input checked="" type="checkbox"/> Psychological Evaluation |
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Exchange of Verbal Information |
| <input checked="" type="checkbox"/> Other information as deemed appropriate, please list: | <input checked="" type="checkbox"/> Individual Education Plan |

All oral motor/swallowing assessments including video swallow studies and feeding clinics, etc.

This consent will be in effect from _____ until _____
(Not to exceed 1 year)

I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon.

This form has been fully explained to me and I understand its content.

Signature of Parent/Guardian

Date of Signature

Signature of Witness

Date of Signature

Please forward information to the attention of:

Lori Nicholas, MS, CCC-SLP/L
Carbon Lehigh Intermediate Unit #21
4210 Independence Drive, Schnecksville, PA 18078-2580
Phone: 610-769-4111, ext. 1815
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Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."