



Authorization for Release of Records

PURPOSE: As a parent/ guardian, you have the right to give or not give permission for the release of your child’s records to other persons or agencies. By signing this authorization you are giving permission to exchange confidential information for Autism Spectrum Disorder screening purposes.

Child’s Name:	Date of Birth:
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I hereby authorize the exchange of information orally, in writing, or electronically between the **School Medical Autism Review Team (SMART)** of Greater Grays Harbor and the agencies/persons listed with address below:

Primary Care Provider & Address/Phone:
Daycare & Address/Phone:
Therapist & Address/phone:
Early Intervention Provider:
School District:
Seattle Children’s Autism Center Mason General Hospital & Family of Clinics Summit Pacific Medical Center Valley View Health Center The Arc of Grays Harbor & Autism Task Force Greater Grays Harbor & SMART Program Madrona Psychological Services & Dr. Robin Ballard South Sound Parent to Parent (All contact addresses on back)
Other Address/Phone:

The records to be exchanged include: Medical/Health History information; Evaluation/Assessment/Survey results; Developmental information; Educational Reports (Progress/IEP/504/IFSP)

This authorization is valid from _____ to _____. If not specified this authorization is valid for one year from date signed.

I understand that the information obtained will be treated in a confidential manner and I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent release.

Parent Signature:	Date:
Patient Signature (If 13+ years):	Date:



Seattle Children's Autism Center

4909 25th Ave. NE, Seattle, WA 98105
Children's Autism Center, PO Box 5371, Seattle, WA 98145-5005
Phone 206-987-8080
Fax 206-987-8081

Mason General Hospital & Family of Clinics

901 Mountain View Drive
P.O. Box 1668
Shelton, WA 98584
Phone: 360-426-1611
Fax: 360-426-9866

Summit Pacific Medical Center

600 East Main Street
Elma, Washington 98541
Phone: 360-346-2222
Fax: 360-346-2216

Valley View Health Center

300 Ocean Ave.
Raymond, WA 98577.
Phone: 360-942-3040
Fax: 360-330-9530

South Sound Parent to Parent

901 South Boone St #309
Aberdeen WA 98520
Phone:360-637-8586
Fax:360-612-3951

The Arc of Grays Harbor & Autism Task Force Greater Grays Harbor & SMART Program

523 W 1st St #1 Aberdeen, WA 98520
Phone: 360-537-7000
Fax: 360-537-8816

Madrona Psychological Services, Dr. Robin Ballard, PhD

1115 West Bay Drive NW
Suite 302
Olympia, WA 98502
Phone: 206-910-5025