



IAC Center

2 Tree Farm Road, Suite A200
Pennington, NJ 08534
<http://www.iaccenter.com>
609-737-8750

Release of Information Authorization Form (Under 18)

I, (parent or guardian's name) _____,
Do hereby authorize the IAC Center, LLC to obtain information about
(Child's name) _____, born (DOB)

_____ from and release Information to:

_____ And for that same facility or individual to obtain information from and release Information to the IAC Center, LLC

Such information may include:

- | | |
|-------------------------------|--------------------------|
| _____ Diagnostic interview | _____ Treatment summary |
| _____ Psychiatric Examination | _____ Medication Records |
| _____ School/IEP Records | _____ Discharge Summary |
| _____ Other (Specify) _____ | |

I understand that all information released will be handled confidentially. I understand that a general authorization for release of medical or other information is NOT sufficient for the purpose.

Please return this form to IAC Center at: 2 Tree Farm Road, Suite A200, Pennington, NJ 08534

Client Signature (Minors over 17 must sign) Date

Parent/Guardian of minor or authorized Representative in lieu of client under 17 Date

IAC Center Counselor Date