



**Back on Track Student Solutions, LLC
Consent for Disclosure of Confidential Information**

I, _____ and _____ (the “Client”), parents/legal guardian of _____ (the “Student” or “Self”), whose date of birth is _____, grant full authorization to Back on Track Student Solutions, LLC (the “Consultant”) to obtain/discuss confidential educational information and/or protected health information from any program, school, counselor, medical services provider, or agency, which currently provides or has previously provided services to Student. Such information may include grade reports, assessments, consultation reports, discharge summaries, medication records, progress notes, psychological evaluations, school records, and medical records, including treatment for physical and/or mental illness. Means of communication of confidential information may include verbal, mail, fax, email or telephonic communication.

Client understands that such confidential information is protected under state and federal regulations, as well as professional codes of ethics governing confidentiality and cannot be disclosed without Client’s written consent, unless otherwise provided for in the regulations.

Client understands that this consent may be revoked at any time; however, the revocation will not be effective retroactively for information disclosures that have already occurred. If not previously revoked, this consent will remain active and valid for one year from the date of signature.

Client:

By: _____ [Date] _____

By: _____ [Date] _____