



Release of Information: Medical & Behavioral Health Providers

I hereby authorize an exchange of the protected information of:

Client Name: _____

Client Date of Birth: _____

Between:

Eon Educational Services
Hudson, Massachusetts 01749
Phone: (617) 359-7992
Fax: (617) 341-9019
Email: Info@EonEdServices.com

and

Medical/Behavioral Health Provider's Name: _____

Medical/Behavioral Health Practice Name: _____

Medical/Behavioral Practice Phone Number: _____

PURPOSE OF RELEASE:

Psychoeducational assessment and/or documentation required to access school- or college-based student support services.

SPECIFIC INFORMATION TO BE RELEASED:

☒ Verification of medical and/or behavioral health diagnoses related to conditions that may impact access to school- or college-based services and accommodations.

☒ Phone communication between parties.

RANGE OF DATES COVERED BY THIS AUTHORIZATION:

Start of patient relationship to 90 days from the date of signature.

I understand that this information will be used solely for the purpose described above.

I understand that the information which I am authorizing to be released may include psychiatric diagnoses and or drug/alcohol related information.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of the information and may no longer be protected by HIPAA Privacy rules.

I understand that I may revoke my consent in writing at any time. Any actions taken by Eon Educational Services before receiving revocation of consent are not covered by the revocation.

I hereby release Eon Educational Services and its duly authorized agents from all legal responsibility or liability for the release of information indicated and authorized herein.

Facsimiles and photocopies of this signed document are considered valid.

Client Name: _____

Client's Signature:

(Clients over age 18 years)

Name of Client's Representative:

(Clients under age 18 years)

Representative's Relationship to Client: _____

Representative's Signature:

(Clients under age 18 years)