



New Beginnings Development Services, Inc.

Programs for Mommy to Be and Mommy & Me

Group Home for Pregnant Girls

1523 Des Moines Ave ~ Portsmouth, Virginia 23704 ~ (757) 395-0672

Release of Information

New Beginnings Development Services

Requesting Information

Releasing Information

Agency:

Requesting Information

Releasing Information

We/I, _____, parent/legal guardian of _____ do give permission for NBDS to give/receive confidential records pertaining to the above named. This information will not be released without my permission. This authorization may be revoked at any time except to the extent that action has been taken in reliance on it. If not previously revoked or otherwise specified, this authorization will expire six (6) months from the date of signature of the client.

Expiration date: _____

Specific Information Given/Requested:

- Medical History
- Social History
- Psychiatric History
- Pertinent medical history
- Psychological testing reports, including IQ scores
- Course of treatment/treatment summary
- Substance abuse history, treatment, progress, recommendations, referrals, and urinalysis results
- Clients response to treatment
- Treatment recommendations & referrals
- Information related to court services
- Diagnostic information
- Progress Reports
- Correspondence with other agencies
- School records- including attendance, grades, behavioral problems, as available
- Other _____

This authorization may be relied upon when transmitted by facsimile ___ Yes ___ No

You agree to hold the facility harmless if your medical information which is transmitted by facsimile does not reach the appropriate authorized recipient ___ Yes ___ No

I further authorize the information to be sent by facsimile ___ Yes ___ No

Purpose or Need for Release of Information:

Consultations, treatment planning, continuity of treatment, and coordination of services.

Parent/Legal Guardian

Date

Client

Date

Beginning Right ~ Right from the Start