



Coordination Of Care -- HIPAA Permission to Release Information

In an effort to provide the highest level of care, it is important that Inner Peace Respite Services case managers be in contact with the Center board, client's primary care physician and/or other healthcare and behavioral health providers. In order to comply with various HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, we ask that our clients and/or their parents/guardians sign this permission to release information form.

I _____ parent/legal guardian of _____ give permission to Inner Peace Respite Services and its representatives to discuss and/or release information regarding the Services of _____, DOB _____ with the following persons, professionals, institutions/agencies:

Contact Person (If applicable) : _____

Parent/Guardian Signature: _____

Date: _____

(Please note that this release is good for two years from the date signed and may be revoked at any time by the client's parent or guardian with 48 hours notice in writing.)