Clinical Assist, Ltd.

The proud parent company of Kids in Transition and Black Bear Academy
1801 West Byron
Chicago, Illinois 60613
773-244-0700



Authorization Form for Release of Information

In accordance with the Privacy Rule "Standards for Privacy of Individually Identifiable Health Information" of April 14, 2001, we are requesting the authorization to use or disclose protected health information. Please complete and sign below.

I, (print parent's name)	, here	by authorize (print staff name)
and/	or Clinical Assist, Ltd. doin	g business as, Kids in Transition and/or Black
Bear Academy, to release educati	onal and clinical records an	d/or information (if applicable) regarding
(print child's name)	DO	B:
Please check appropriate box (es)). Add information if applic	able:
		ls)
Media (photos, videos)		
🗖 Report cards		
# Evaluation reports/Test so	cores	
Progress reports		
■ Developmental Assessmen	nts	
Anecdotal Information (s	support documents)	e following schools/therapists/
	ation indicated above to the	e following schools/therapists/
physicians/related professionals:		
(Name)	(Email)	(Phone)
(Name)	(Email)	(Phone)
(Name)	(Email)	(Phone)
Signature of Parent		Date
Print Name		

Kids in Transition is a subsidiary of Clinical Assist, Ltd., a provider of speech pathology services in a variety of settings including Black Bear Academy. For more information you are encouraged to visit our websites at www.clinicalassist.com, www.blackbearacademy.com and www.kidsintransition.org.