



ABA Today



ABA4Autism



ABA New England



Gateway4ABA

HEREAFTER: "The Companies"

NOTE: This form can be used for one or more of the listed companies. See the signature page for the applicable company(ies).

Consent to Release Information (ROI)

Authorization for Use & Disclosure of Protected Health Information

01. Client Information	
Client Name	
Date of Birth	
Parent/Guardian Name(s) If Applicable	
Relationship to Client	

02. Authorizing Party

I, the undersigned, am the

- ☐ Parent
☐ Legal Guardian
☐ Client (if 18 or older)

And hereby authorize **The Companies** to release and/or obtain the protected health information described below.

03. Entity Authorized to Release Information
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The Companies (ABA service providers operating under affiliated entities: ABA Today, ABA4Autism, ABA New England, Gateway4ABA)

04. Entity Authorized to Receive Information	
Information may be released to or obtained from:	
Name of Individual / Organization	
Organization Type Check All That Apply	☐ Physician ☐ School / School District ☐ Insurance Company / Managed Care Organization ☐ ABA Provider ☐ Therapy Provider (OT, SLP, PT, etc) ☐ Other:

Address Line 1 Address Line 2			
City, State, ZIP			
Phone			
Fax			
Email (if applicable)			

05. Purpose of Release

Please check all that apply:

- ☐ Coordination of care
- ☐ Continuity of treatment
- ☐ Insurance authorization, billing, or reimbursement
- ☐ Educational planning / school collaboration
- ☐ Legal or administrative purposes
- ☐ Other (please specify):

06. Information to Be Released

Please check all that apply:

- ☐ Diagnostic information
- ☐ Treatment plans and goals
- ☐ Assessment reports (e.g., functional behavior assessments)
- ☐ Progress notes / session summaries
- ☐ Attendance records
- ☐ Insurance & billing information
- ☐ Discharge summaries
- ☐ Other:

Please note: Psychotherapy notes (as defined by HIPAA) are excluded unless explicitly authorized.

07. Method of Disclosure

Information may be shared via:

- Secure email
- Fax
- Mail
- Electronic health record (EHR) system
- Verbal communication (as appropriate)

08. Expiration of Authorization

This authorization will expire on (check one):

- ☐ A specific date: _____
- ☐ One (1) year from the date of signature
- ☐ Upon termination of services with The Companies
- ☐ Other:

09. Right to Revoke

I understand that:

- I may revoke this authorization at any time in writing
- Revocation will not apply to information already disclosed
- Revocation request must be submitted to **The Companies** in writing

10. No Conditioning of Services

I understand that treatment, payment, enrollment, or eligibility for services is **not conditioned** on signing this authorization.

11. Redisclosure Notice

I understand that information disclosed under this authorization may be subject to **redisclosure** by the receiving party and may no longer be protected by HIPAA.

12. State-Specific Notices

Virginia

This authorization complies with Virginia medical record confidentiality law. Records related to mental health, developmental disabilities, or substance use may have additional protections under state law.

New Hampshire

This authorization complies with New Hampshire RSA 332-I and applicable confidentiality laws governing behavioral health and developmental services.

Massachusetts

This authorization complies with Massachusetts privacy laws, including M/G.L. c. 112 and 201 CMR 17.00. Certain sensitive records may require additional consent under state law.

Other States

If services are provided outside of the states listed above, this authorization is intended to comply with applicable state and federal confidentiality and privacy laws.

13. Acknowledgment & Signature

I acknowledge that I have read and understand this authorization and have had the opportunity to ask questions.

See Signature Page Below



ABA Today
EIN: 83-1284899



ABA4Autism
EIN: 46-2924423



ABA New England
EIN: 88-3984639



Gateway4ABA
EIN: 86-2549483

INSTRUCTIONS:

Signatory should sign under the banner(s) of the relevant company(ies) from which they are receiving services or employment.

ABA Today

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

Date Signed

Date Signed

ABA4Autism

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

Date Signed

Date Signed

ABA New England

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

Date Signed

Date Signed

Gateway4ABA

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

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