

Imagine Possibility, LLC
301.330.8150 Office ~ info@iptutoring.com

AUTHORIZATION TO SPEAK WITH A THIRD PARTY AND RELEASE OF INFORMATION

I/We, _____, give authorization for Lisa A. Taylor-Cunningham, M.Ed. (Director) and Imagine Possibility, LLC associates working with the student to communicate and share information with the following people regarding _____.

Student Name

Please print:

Name

Email and Phone

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This waiver includes the use and dissemination of my (my child's) individually identifiable health information and medical records ("Protected Health Information"). This authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164.

Signature

Signature

Date: _____