



Club Spectrum ABA

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Orlando, FL
Phone: (407) 369-3788
coribonfilio@clubspectrumaba.com

Consent to Release Information

I give the employees of Club Spectrum ABA, Inc. my consent to disclose information about my child, _____ to the following individuals, medical group and or/school:

Information may include but is not limited to: testing results, current behavior programming, past and current issues pertaining to programming or behavior problems, progress towards goals, and behavior modification techniques deemed relevant to behavior issues at home and school.

I also give my consent for the aforementioned groups or individuals to share protected medical information with Club Spectrum ABA as requested.

Name

Date

Club Spectrum ABA Representative

Date