CA• BVI
Building Brighter Futures
for People with Vision Loss

2045 Gilbert Avenue, Cincinnati, Ohio 45202 • Phone: 513-221-8558 • Fax: 513-221-2995

EARLY CHILDHOOD AND YOUTH SERVICES
CONSENT TO ASSESSMENT/SERVICES
SECURE/RELEASE OF INFORMATION

Date _____

I, _____, parent/guardian of

_____ (Date of Birth) _____

authorize the assessment and services provided to my child.

In addition, I authorize the exchange of information regarding my child regarding vision,

development, education and _____

in order to best plan and coordinate services with the following:

_____ _____

_____ _____

_____ _____

_____
Signature

_____
Date

CABVI is required by law to maintain the privacy of protected health information. A Summary Privacy Notice is available upon request. I verify, by signing this form, I have been offered a copy of this privacy notice and have read it, or have waived my right to a copy.