Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Aging and Disability Services Division
Helping people. It's who we are and what we do.

Dena Schmidt
Administrator

RELEASE OF RECORDS

I, ____ , patient or as Legal Representative/Guardian for ____ , hereby authorize any of the following: Physician, Psychologist, Health Professional, Hospital, Clinic, or other medical related facility licensed or certified by the State of Nevada or any other state, to release information from my records to the State of Nevada ADSD and/or Applied Behavior Analysis Board at the below address.

I also hereby release all of the above named health providers from all liability and all claims of any nature whatsoever pertaining to disclosure of information contained in my records as may be required for the investigation of my Consumer Complaint to the State of Nevada ADSD and/or Applied Behavior Analysis Board. It is understood that this release will be used in the following ways:

1. The information requested/received will be used only for the investigation of my complaint filed with, and in accordance with the authorized responsibilities of the State of Nevada ADSD and/or Applied Behavior Analysis Board;
2. All information may be released, including history, mental or physical condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results, and the professional(s)'s notes.
3. This release shall be valid for one year from date of signing.
4. A copy of this release is as valid as the original.

Signature of Patient	Date
____________________________________	_________________________
Signature of Parent or Guardian (if required)	Date
____________________________________	_________________________
Signature of Witness	Date
____________________________________	_________________________