

**WALES BEHAVIORAL ASSESSMENT**

**Continuing Medical Education Release  
Authorization to Exchange Information**

Client Name (please print) \_\_\_\_\_

Date of Initial CME Activity \_\_\_\_\_

Birth Date \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby authorize the staff of the Wales Behavioral Assessment and its employees, agents, or consultants to:

Exchange information with

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

the following information (place an X by the items allowed in the communication):

- 1. \_\_\_ Reason(s)/Concern(s) Leading to Referral
- 2. \_\_\_ Data on my functioning in the ABMS/ACGME 6 core competency areas
- 3. \_\_\_ Financial Information (related to who is paying for the service and disposition of payment)
- 4. \_\_\_ Certificate
- 5. \_\_\_ Course Status Information
- 6. \_\_\_ Confirmation of Attendance Letter
- 7. \_\_\_ Other (please specify): \_\_\_\_\_

The purpose of the disclosure is for: Further CME Information Other: \_\_\_\_\_

I understand that it is the policy of the Wales Behavioral Assessment (WBA), and its employees, agents, or consultants, to release only that information about a client or a former client, which, in the judgment of the staff, is considered essential for the above purpose.

I understand that this consent may be revoked at any time, except to the extent already acted upon by WBA, and in which case I agree to hold WBA harmless, by giving notice to WBA. I understand that educational service at WBA may not be conditioned upon my signing this consent. Unless previously revoked by me, this consent shall expire one year after the date listed below.

*I am entitled to a copy of this authorization upon request.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness

***We must have this signed, completed WBA form to release information to or communicate with others.  
To protect confidentiality, other forms of authorization will not be honored.***