

## Authorization for Release of General Information – Natural Environment

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During the course of receiving services and supports from GLC, individuals, families, and invited guests are often in the position of providing and receiving verbal information regarding the individual and/or the other children/young adults. This information is of a general, conversational nature and would be consistent with information that is often shared among community members or close friends or schoolmates who participate in other organized activities in their natural environments. It is consistent with the philosophies of “normalized” living or what might be described as coming up in routine conversation.

Other situations in which individuals, families and invited guest may hear, or overhear, information about individuals may occur during routine support team meetings, staff meetings, recreational gatherings, and group activities that are held at the treatment program and in the community.

As the representative/guardian/self for \_\_\_\_\_, I give my permission  
(Name of Individual)  
for this type of general information to be verbally shared. I understand that this permission does not cover detailed information of a sensitive nature, specific information which I have identified as not applicable, or any information in written format.

- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain supports and services from the Great Lakes Center for Autism Treatment and Research and Residential Opportunities, Inc.
- I understand that I may withdraw my authorization at any time. I understand also that such withdrawal of my authorization may not be effective to prevent disclosure of information previously authorized or to stop previous action that has been taken in reliance on this authorization.
- My signature means that I have read this form and/or have had it read to me and explained in language I can understand. I know what information will be disclosed and give my voluntary consent to its release.
- My signature means that, if I am not signing for myself, I have the legal authorization to sign for the identified individual. My signature confirms that I am the legal representative/guardian for the identified individual.

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SIGNATURE OF • INDIVIDUAL; • PARENT; • GUARDIAN/LEGAL REPRESENTATIVE --- PLEASE CHECK \*\*\*\* DATE OF SIGNATURE

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SIGNATURE OF WITNESS

\*\*\*\*DATE OF SIGNATURE

\*\*\*THIS AUTHORIZATION WILL EXPIRE ONCE THE PURPOSE FOR THIS DISCLOSURE CEASES TO EXIST, BUT NO LATER THAN ONE YEAR FROM THE ORIGINAL DATE OF SIGNING UNLESS REVOKED, IN WRITING, PRIOR TO EXPIRATION.