

**Permission to Obtain  
Achenbach System of Empirically Based Assessment (ASEBA)  
Questionnaire Information**

I, \_\_\_\_\_ hereby authorize Clarity Laboratories, Inc. to distribute the ASEBA Questionnaires to gather relevant information from the sources listed below.

- I understand the information will be protected under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule for personal health information.
- I understand the information will be safeguarded under the HIPAA Security Rule for personal health information.
- I understand the electronic transmission of information will serve as the primary means of data distribution and collection.

The above authorization to obtain information does not imply or grant the right to disclose information to the sources listed below without prior written consent.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Signature for Minor Child

(circle one of the packets of forms to be sent depending on the patient's age)

Preschool Age 1.5 – 5 Years	School Age Up to age 11	School Age Age 11 - 18	Adult Post High School
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Caregiver/Teacher  _____ Day-care / Pre-School Name	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher  _____ School Name	Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher  _____ School Name	Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse/Friend

Provide as much information as possible. If Informant does not have an e-mail address, provide a mailing address.

Informant Name	Relationship	E-mail Address	Phone number
Informant Name	Relationship	E-mail Address	Phone number
Informant Name	Relationship	E-mail Address	Phone number
Informant Name	Relationship	E-mail Address	Phone number
Informant Name	Relationship	E-mail Address	Phone number
Informant Name	Relationship	E-mail Address	Phone number
Informant Name	Relationship	E-mail Address	Phone number