



Behavioral Sciences Regulatory Board
712 South Kansas Avenue
Topeka, Kansas 66603-3817
(785) 296-3240
(785) 296-3112 (FAX)

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RELEASE OF INFORMATION AUTHORIZATION

For the purpose of investigation of complaints and any subsequent disciplinary action

I hereby waive my privilege of confidentiality concerning my care and treatment, or the care and treatment of my minor child or ward, and authorize any person, including, but not limited to, mental health care agencies, mental health providers, health care providers, clinics, employers (past and present), attorneys, insurance companies, government agencies, or other public or private agency to release to the Kansas Behavioral Sciences Regulatory Board, its representative, agents or employees, any and all information about me or my minor child, including documents, reports, records, files, testimony or any other document regardless of form or content.

PERSON AUTHORIZING RELEASE:

NAME: (Please Print)

Birth Date:

Signature

SSN: optional

DATE:

If parent or guardian, name of minor child:

*****DO NOT WRITE BELOW THIS LINE - BOARD USE ONLY*****

TO:

ADDRESS:

Please Submit Copies of all records indicated below regarding the above release of information authorization to:

Roger Scurlock, Special Investigator
Behavioral Sciences Regulatory Board
712 South Kansas Avenue
Topeka, Kansas 66603-3817

Four horizontal lines for record submission.



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NARRATIVE:

Please describe in detail all allegations against the person whom you are filing the report. Describe each incident with specific dates and include names of witnesses. Include your relationship to the Licensee/Professional, and if you were a client, the reason you saw the professional (i.e. was it court ordered, was the therapist court appointed, or was the therapist a mediator). Attach copies of any documents you have concerning the allegations. Use additional sheets if necessary.
(Reminder: Who, What, When, Where, Why and How.)

DATE: _____ PERSON WRITING NARRATIVE: _____

The statements I have made are true and correct to the best of my knowledge and belief. I acknowledge that the Behavioral Sciences Regulatory Board may provide a copy of this form to the person against whom the allegations are made. I also agree to testify in any hearings that may arise as a result of these allegations.

DATE: _____ SIGNED: _____