Authorization for Release of Confidential Information

Youth’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent / legal guardian) do hereby request and authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to have contact with the following persons, entities or agencies I have identified below to for the purpose of planning, education, intervention, referral and coordination of services.

Information can be: \_\_\_\_Disclosed To \_\_\_\_ Obtained From

This information may be shared by:

\_\_\_ Telephone \_\_\_\_ Fax \_\_\_\_ Email \_\_\_ In Person

Name of Organization/Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the purpose of:**

\_\_ Educational Plan/Records \_\_\_Probation Reports

\_\_ Diagnostic Evaluations \_\_\_Progress reports

\_\_ Police Reports \_\_\_ Treatment plans

\_\_ Fire Reports \_\_\_ Medical Reports

\_\_ Consultations \_\_\_

\_\_ Medical Information \_\_Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that:**

* According to Code 42 of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Treatment patient records, further disclosure of the information may not be made without my written consent or as otherwise restricted by Federal Regulations
* Information released with this authorization will not be given, sold, transferred or in any way be relayed to any other person or agency no specified above without a written consent or otherwise required by law.
* I understand that I may revoke this consent at any future time by submitting a written request to the York County Juvenile Fire Safety and Intervention Collaborative
* I understand this release will expire one year from date signed

Youth’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the youth listed above is a minor or is unable to sign and you are the parent, legal guardian, or personal representative signing on behalf of this youth please complete the following:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_