

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

(If multiple parties and/or agencies will be receiving this information, specify each party/agency below that will be receiving this information.)

I, _____, authorize

_____ to disclose to

(Provider of Confidential Information)

_____ Department of Social Services
(County name)

_____ Judicial District
(Court district number)

_____ Guardian ad Litem Program
(Court district number)

(Other: List specific agency or person(s) or relationship)

(Other: List specific agency or person(s) or relationship)

(Other: List specific agency or person(s) or relationship)

the following information:

(Client needs to initial each category that applies.)

- _____ my name and other personal identifying information
- _____ substance abuse records
- _____ mental health records
- _____ assessment
- _____ dates of services
- _____ recommendations for treatment
- _____ progress notes
- _____ progress and compliance with treatment
- _____ attendance
- _____ date of discharge and discharge status
- _____ discharge plan
- _____ other _____

This otherwise confidential information will be used for the following purpose(s):

(Client needs to initial each category that applies)

- _____ Monitor my progress or lack of progress in treatment.
- _____ Provide appropriate services and referrals for me.
- _____ Provide appropriate services and referrals for my family.
- _____ Update my Child and Family Team of my progress or lack of progress in treatment.
- _____ Update the Juvenile Court and parties to my juvenile case about my progress or lack of progress in treatment.
- _____ Other _____

_____ Other _____