



Release of Information

Name(s) _____
DOB _____

Name and address of person or agency authorized to (circle one) release/receive/release and receive information:

Name of Agency or Person(s)

Street Address City State Zip Code

Phone Number

Name and address of person or agency authorized to (circle one) release/receive/release and receive information:

Name of Agency or Person(s)

Street Address City State Zip Code

Phone Number

This information may include records of therapy services, foster care and adoption records, educational records and/or medical records

I do provide consent to the release of the following (check one):

_____ WRITTEN INFORMATION. Copies of medical records to include medical and/or mental health treatment, school records, psychiatric and psychological evaluations, etc.

_____ VERBAL INFORMATION. I am only authorizing my provider to speak to the agency/person/persons listed above. I am not authorizing a release of records.

_____ WRITTEN AND VERBAL INFORMATION. I authorize a release of information of both written information/records and verbal exchange with The Settlement Home for Children.

I do not consent to release of the following records information (check appropriate items):

_____ Sexually transmitted diseases
_____ HIV testing results
_____ Substance Abuse (Drug/Alcohol)

The Settlement Home for Children is hereby released from all legal responsibility or liability for the release of the above-mentioned information. I understand that my records are protected under the Federal and State confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I have the right to withdraw this authorization at any time, except for action already taken, and that such revocation must be in writing. Further, I understand that this authorization, without prior revocation will automatically expire in 1 calendar year from the date of my signature.

Signature of client/legal guardian: _____

Date signed: _____

Signature of witness: _____

Date signed: _____