

Consent to Exchange Information

Child's Name _____ Birthdate _____

I, _____ and or _____
(name of child) (name of parent or guardian)

authorize: _____
(releasing agency or professional)

(address of releasing agency or professional)

to disclose or exchange with: _____
(receiving agency or professional)

(address of receiving agency or professional)

the following information, with the knowledge that such contact discloses the fact that the named person has received the services of the releasing agency. The disclosure of records is required for:

- _____ evaluation
- _____ treatment planning
- _____ other purpose(specify) _____

The released information shall be limited to the following:

- | | |
|--|---|
| 1. _____ Diagnosis | 6. _____ Psychol. & Vocat. Test Results |
| 2. _____ Legal Status | 7. _____ Med. Info. Incl. Med. Test Results |
| 3. _____ Educational Assessment | 8. _____ All Case Data |
| 4. _____ Treatment Summary | 9. _____ Other _____ |
| 5. _____ Pertinent summary of psychosocial and psychiatric history | |

The released information is to used only for the purpose(s) agreed to by the child (or parent or guardian).

This consent is subject to revocation by the child (or if a minor, by the consenting parent(s) or guardian(s) at any time).

If not earlier revoked, this consent expires on _____
(Date)

Signed _____ Date _____
(Child)

Signed _____ Date _____
(Parent / Guardian)

Signed _____ Date _____
(Witness)