



REQUEST/RELEASE OF INFORMATION

RE: _____ DOB: _____

To Whom It May Concern:

I hereby authorize the Family Access Center of Excellence of Boone County (hereafter FACE of Boone County) to release information about services rendered to the above-named to:

I hereby authorize FACE of Boone County to receive information about services rendered to the above-named from:

for the purpose of _____

Such information may be transmitted under conditions stated below, and/or as required by Federal or State statute or order of the court. This release will be effective for a period of ninety (90) days from the date signed below or will expire on _____.

Information to be released/received may include:

- | | |
|--|--|
| <input type="checkbox"/> Medical records | <input type="checkbox"/> Behavior management services |
| <input type="checkbox"/> Discharge summaries | <input type="checkbox"/> Psychiatric evaluation |
| <input type="checkbox"/> Psychological evaluations | <input type="checkbox"/> Educational assessments |
| <input type="checkbox"/> Vocational evaluation/summary | <input type="checkbox"/> Substance abuse treatment history |
| <input type="checkbox"/> Treatment summary | <input type="checkbox"/> Developmental/Social History |
| <input type="checkbox"/> Personal information including SSN, addresses and telephone numbers | <input type="checkbox"/> Attendance records |
| | <input type="checkbox"/> Other: _____ |

To the agency or professional person receiving this release:

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE LAW. STATE REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT PRIOR WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. THIS CONSENT TO RELEASE OF INFORMATION CAN BE REVOKED AT THE WRITTEN REQUEST OF THE PERSON WHO GAVE CONSENT.

Authorized Signature

Date

Witness

Date

I have read this carefully and I understand what it means and as I am not physically able to give my written consent, I am giving my verbal consent to release these records.

Witness Signature

Date

Staff Witness

Date

Witness Signature

Date