YOUTH SERVICES
Release of Information Consent Form

I _____, hereby authorize _____ of
YOUTH NAME/TITLE
The Equinox Youth Outreach Center to:

☐ Release ( ) Obtain (for two way communication check both)

The following information: (check all that apply)

☐ involvement with RHY
☐ discharge summary
☐ Appointment Schedule
☐ Background, history
☐ Education records
☐ I.E.P.
☐ Current Condition
☐ Other (Must be specific)_____.
☐ psychological and/or psychiatric assessments
☐ Date, time, place of meetings/medication
☐ Probation/Parole reports
☐ Medical records/reports
☐ Current circumstances precipitating factors
☐ Treatment plans

For the following Purpose(s): (check all that apply)

☐ Assessment
☐ Provide ongoing case management
☐ Advocacy
☐ Referral
☐ Coordinate Services
☐ Facilitate Medication
☐ Obtain medical services
☐ Other_____
☐ Facilitate transportation (pick-up, drop off times)
☐ Obtain educational services
☐ Develop service plan
☐ Verify attendance/participation

To/From: _____
Name Title, Organization

_____
Address

_____
Phone

NOTICE TO RECEIVING AGENCY OR PERSON

"THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42CFR. PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT, WITHOUT THE SPECIFIC WRITTEN CONSENT TO THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED TO SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE."

AGENCY EXPIRATION PERIOD TO DISCLOSE MATERAL DATE:_____

YOUTH'S SIGNATURE_____ DATE:_____

AGENCY REPRESENTATIVE'S
SIGNATURE (WITNESS)_____ DATE:_____