

YOUTH DYNAMICS, INC.

AUTHORIZATION TO RECEIVE / RELEASE INFORMATION

I am the parent / guardian for the minor child, _____, DOB: _____.

As required by the Health Insurance Portability and Accountability Act of 1996 Youth Dynamics Inc. may not use or disclose this minor child's health information except as described in the Notice of Privacy Practices. Your signature on this form indicates that you are giving permission for Youth Dynamics, Inc. to disclose only that information generated by Youth Dynamics, Inc., regarding the minor child named herein with the entities listed. You are also giving Youth Dynamics Inc. permission for entities listed below to release information to Youth Dynamics, Inc. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning to this office. However, please understand that your revocation may come after disclosures have been made relying on your initial consent.

I give permission for _____ to ___ release information to and/or ___ receive information from Youth Dynamics, Inc.:

Purpose(s) for which disclosure is authorized:

Table with 3 columns and 3 rows of checkboxes for disclosure purposes: Determine/Maintain Clinical/Financial Eligibility, Assess Needs of Client, Coordinate & Monitor Education/Medical Care, Treatment & Discharge Planning, Advocacy, and Other: Must Specify.

The only records to be exchanged are:

Table with 3 columns and 5 rows of checkboxes for records to be exchanged: Intake History / Admission Information, Clinical Assessments, Psychological Testing & Reports, Psycho-Educational Report, Psycho-Sexual Evaluation Report, Progress Notes / Reports, Chemical Dependency Assessment/ Summary, Regular/Special Education Records including CST & IEP, Social Information / History, Medical Information, Care Plans, Treatment Plans, Court Orders, SSN, Birth Certificates, & Tribal Enrollment, Discharge Summary, and Other: Must Specify.

If not revoked, this Release is valid for a period of 2 years (24 months) from the date it is signed or until all YDI services are terminated. This Release is subject to revocation at any time except to the extent that Youth Dynamics has already acted in reliance on it. The revocation is effective from the time it is communicated to Youth Dynamics, Inc.

Dated this _____ day of _____, 20____.

Parent / Guardian Printed Name

Witness Printed Name

Parent / Guardian Signature

Witness Signature

Address: _____

Address: _____

Phone: _____

Phone: _____

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules, except for the information protected by CFR 42 U.S.C. Sec 290dd-2 for alcohol/drug abuse records. Revocation: I hereby revoke the foregoing Consent.

Parent / Guardian Printed Name

Witness Printed Name

Parent / Guardian Signature

Witness Signature

Date: _____

Date: _____