

HOPE HARBOR
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

SSN: _____

PARENT/GUARDIAN NAME: _____

I hereby authorize
HOPE HARBOR
PO Box 1047
Claremore, OK, 74018 FAX: (918) 343-0125

to release to _____ and/or _____ obtain from _____ :

(Name, phone & fax numbers of person or agency)

the following information: discharge summary, psychiatric history, social history, psychological evaluation, laboratory findings, physical exam, immunization records, TB test results, medical records, transcripts, academic records, report cards, behavioral referrals, academic test scores, case files, criminal history, court hearings, and any other pertinent information **for the purposes of: evaluation and placement consideration.**

I understand that;

- My records are protected under the Federal and State Confidentiality Regulations and cannot be released without my written consent unless otherwise provided for in the regulation. I acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. I also understand **that this consent will expire one year from the signature date below unless otherwise indicated.**
- **Right to Revoke Authorization:** Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the *Admissions & Aftercare Coordinator* at: PO Box 1047, Claremore, OK 74018.
- THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, or related to mental health, testing, drug, substance, and/or alcohol diagnosis and treatment.
- Hope Harbor will not re-release information received as a result of this authorization.
- **Drug / Alcohol Abuse Treatment Records:** This category of medical information/records is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information or records from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Executed this _____ day of _____, 20_____.

Signature of Child

Signature of Witness

Signature of Parent/Guardian