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REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

To: _____

Date: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Re: _____

Harvest Recovery Ranch (HRR) is requesting the disclosure of information pertinent to the placement of the above named individual to the Harvest Recover Ranch Recovery Program. The following information is requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Diagnostic Reports | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Academic Reports | <input type="checkbox"/> Family History |
| <input type="checkbox"/> Counseling Reports | <input type="checkbox"/> Education / Transcripts | <input type="checkbox"/> IEP's |
| <input type="checkbox"/> Other _____ | | |

It is understood that the information forwarded will be used only by HRR and is confidential and may be protected by federal and state law. Any further disclosure of the forwarded information without specific consent is prohibited. The signature on this request for information document has been freely and voluntarily given.

Signature of Applicant

Date

Signature of HRR Representative

Date