

SAFE HARBOR CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

CLIENT'S NAME: _____

ADDRESS: _____

PHONE: (_____) _____ - _____

CHILD'S NAME: _____ DOB ____ / ____ / _____

CHILD'S NAME: _____ DOB ____ / ____ / _____

CHILD'S NAME: _____ DOB ____ / ____ / _____

I give permission for Safe Harbor to exchange information concerning members of my immediate family with the following agencies or individuals. In granting such permission, I understand that such information will remain confidential and will only pertain to my case with Safe Harbor.

1. _____ Department of Family Services
2. _____ Law Enforcement
3. _____ Guardian Ad Litem _____
4. _____ Volunteers of America - VOA (please specify therapist) _____
5. _____ Laramie county School District #1
6. _____ Attorney (Please Specify) _____
7. _____ Your Private Therapist _____
8. _____ Health Care Provider _____
9. _____ Children's Therapist _____
10. _____ Other _____

This release is valid for one year from the date of signature. This release may be revoked or revised at any time by providing a request in writing.

Signature of Parent or Guardian

____ / ____ / ____
Date