



Residential Youth Care, Inc.
PO Box 7475 Ketchikan, AK 99901

Authorization to Release or Obtain Confidential Information

I, _____ (DOB) _____ authorize:
 (Name of client/participant)

 Initial **Ketchikan School District**

 Initial **Division of Public Assistance, SOA**

 Initial (Write-In Last School Attended)

 Initial **Office of Children's Services (OCS)**

 Initial **Division of Juvenile Justice**

 Initial (Write-In Last Mental Health Provider)

To disclose to and/or exchange information with:
RESIDENTIAL YOUTH CARE, INC.

Type of information to be disclosed:

- | | | |
|---|---|---|
| _____
Initial Diagnosis/Assessment | _____
Initial Social History | _____
Initial Psychiatric Evaluation |
| _____
Initial Treatment Plan | _____
Initial Insurance Eligibility | _____
Initial Medical Assessments |
| _____
Initial Lab tests, etc. | _____
Initial Evaluations/Assessments | _____
Initial History of Drug/Alcohol |
| _____
Initial Results of Psychological/Vocational Testing | | _____
Initial Immunization Records |
| _____
Initial Other (please specify) | | |

Dates of Release Effective: _____ to _____

For: Assessment and treatment planning

I understand that I may revoke this consent at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon the following specified date, event, or condition:
 Six months from date of discharge.

Executed this _____ day of _____, _____.

 OCS/DJJ Agent Signature Date

 Youth Date

 Parent(s) or Guardian Date

 RYC Primary Worker or Administrator Date

RECIPIENT INFORMATION: If the information released pertains to alcohol or drug abuse, the confidentiality of the information is protected by federal law (CFR 42 Part 2) prohibiting you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by CFR 42 Part 2. A general authorization for the release of medical or other information if held by another party 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.