**Residential Youth Care, Inc.**

**Authorization to Release or Obtain Confidential Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize:

*(Name of client/participant)*

\_\_\_ Gateway Center for Human Services / Substance Abuse Services Division

\_\_\_ Gateway Center for Human Service / Mental Health Division

\_\_\_ Ketchikan Indian Corporation \_\_\_ Office of Children’s Services (OCS)

\_\_\_ Community Connections \_\_\_ Division of Juvenile Justice

\_\_\_ Ketchikan School District \_\_\_ Callisto Pediatric Clinic

\_\_\_ Peacehealth Psychiatry

\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*(Person/Organization to which disclosure is made)*

***Type of information to be disclosed:***

\_\_\_ Diagnosis/Assessment \_\_\_ Social History \_\_\_ Psychiatric Evaluation

\_\_\_ Treatment Plan \_\_\_ Insurance Eligibility \_\_\_ Medical Assessments \_\_\_Lab tests, etc. \_\_\_Evaluations/Assessments \_\_\_ History of Drug/Alcohol \_\_\_ Results of Psychological/Vocational Testing

\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records are requested for dates of treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For: **Assessment and treatment planning**

I understand that my records are protected under the Federal Confidentiality Regulations, (4CFR, Part 2) and cannot be disclosed/re-disclosed without my written consent unless otherwise provided for in the regulations. I, also, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Executed this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCS/DJJ Agent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RYC Primary Worker or Administrator Date