Care Team Release of Information

When you sign this release of information form it gives us permission to share information with your care team from Avenues and other designated agencies. You have the right to not sign this and still be provided case management services. By signing you understand that this release of information will expire one (1) year after you have signed it. You also understand that you can withdraw your consent to release information at any time in writing.

Information to be shared and records to be released:

- Information/Reports
- Care Team Meetings
- Care Team Personnel
- Case Consultation
- Case Notes
- Chemical or Mental Health
- Contact Information
- Court Records
- Daily Living Observations
- Financial Information
- General Information
- Intake/Discharge Information
- Medical History/Reports
- Monthly Reports
- School Information/Reports
- Service Plans
- Social History
- Whereabouts

You can also choose a specific agency or individual from your team that you would like us to share information with:

- Agency/Individual: ____________________________
- Agency/Individual: ____________________________

Is there anyone you DO NOT want us to discuss your personal information with?

_____________________________________________________________________________________

I authorize the above mentioned parties to release and obtain the checked information and records above:

_____________________________________________________________________________________

Youth Name: ____________________________  Signature: ____________________________  Date: ____________________________

_____________________________________________________________________________________

Staff Name: ____________________________  Signature: ____________________________  Date: ____________________________

5/23/19