



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:

- | | |
|--|---|
| <input type="checkbox"/> Information/Reports | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Care Team Meetings | <input type="checkbox"/> General Information |
| <input type="checkbox"/> Care Team Personnel | <input type="checkbox"/> Intake/Discharge Information |
| <input type="checkbox"/> Case Consultation | <input type="checkbox"/> Medical History/Reports |
| <input type="checkbox"/> Case Notes | <input type="checkbox"/> Monthly Reports |
| <input type="checkbox"/> Chemical or Mental Health | <input type="checkbox"/> School Information/Reports |
| <input type="checkbox"/> Contact Information | <input type="checkbox"/> Service Plans |
| <input type="checkbox"/> Court Records | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Daily Living Observations | <input type="checkbox"/> 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