



Main Office
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Authorization for Release of Confidential Information

I, _____, hereby authorize Lakes Center for Youth & Families to:
(first name) (middle name) (last name)

- ___ Disclose information to
- ___ Obtain information from
- ___ Exchange information with

(name of person or agency)

(phone number) (fax number)

(address)

Regarding: ___ Myself ___ My child _____
(child's name)

The information to be DISCLOSED/OBTAINED/EXCHANGED is:

- ___ Academic Record/School Functioning
- ___ Chemical Dependency Assessment (Rule 25)
- ___ Chemical Dependency Screening
- ___ Counseling Information
- ___ Diagnostic Impression
- ___ Discharge/Treatment Summary
- ___ Medical History & Physical Exam
- ___ Medication History
- ___ Partner Relationship Issues
- ___ Probation Records
- ___ Progress Notes
- ___ Psychological Testing
- X Intervention Records
- ___ Other _____

The purpose of this disclosure is: Intervention Program Requirements

I understand that I may revoke this consent at any time except to the extent that it has been acted upon and that upon fulfillment of the above stated purpose or one year from the date of my signature (whichever occurs first) this consent will automatically expire without my express revocation.

_____ Parent/Guardian Signature _____ Date

_____ Client Signature _____ Date