

# Project Turnaround

## AUTHORIZATION TO RELEASE/EXCHANGED INFORMATION

I/We authorize the following specified agencies/individuals **(please initial all appropriate lines)**

\_\_\_\_\_ Van Zandt County Juvenile Probation Department

\_\_\_\_\_ The Andrews Center

\_\_\_\_\_ School District \_\_\_\_\_

\_\_\_\_\_ Child Advocacy Center (CAC)

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

to release to any of the agencies/individuals specified above, confidential information from their respective service records/files, as specified below:

\_\_\_\_\_ Individual/Family History

\_\_\_\_\_ School Records

\_\_\_\_\_ Treatment information

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

for the purpose of assisting those agencies/individuals specified above in evaluating my (our) service needs and developing a unified service plan regarding:

\_\_\_\_\_, Date of Birth \_\_\_\_\_

(Client Name)

I also authorized the above specified agencies/individuals receiving such above specified information to this consent to re-disclose that information to any of the above specified agencies or individuals. This authorization shall expire on exit or completion of the program. I (we) may cancel this authorization at any time by written request. No person or agency to whom this information is disclosed may re-disclose such information, except as specified above.

Signature \_\_\_\_\_ Date \_\_\_\_\_