

Consent for Release and Exchange of Confidential Information

CLIENT NAME: _____ **DOB:** ____/____/____

Youth Services of Glenview/Northbrook
3080 West Lake Avenue, Glenview, IL. 60026
Phone: 847-724-2620 Fax: 847-724-3499

AND: Person/Institution _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____

The affixed signature gives permission to Youth Services of Glenview/Northbrook and the person or agency to whom this form is addressed, to exchange restricted and personally identifiable oral and written information as listed below regarding the above-named child. This information is intended for use in making programming/treatment decisions. The signers understand that refusal to sign will result in the documents or information not being released. Signers intend that a photocopy or facsimile of this form carries the same legal force and effect as the original, and they further understand they have the right to revoke this consent at any time if revocation is in writing.

DOCUMENTS COVERED BY THIS RELEASE:

- | | |
|---|---|
| <input type="checkbox"/> PSYCHOLOGICAL EVALUATION | <input type="checkbox"/> MEDICAL REPORTS INCLUDING: _____ |
| <input type="checkbox"/> PSYCHIATRIC EVALUATION | <input type="checkbox"/> PSYCHOLOGICAL/PSYCHIATRIC EVALUATION |
| <input type="checkbox"/> SOCIAL DEVELOPMENT STUDY | <input type="checkbox"/> DISCHARGE SUMMARY |
| <input type="checkbox"/> INDIVIDUAL EDUCATION PLANS (IEP) | <input type="checkbox"/> SUBSTANCE ABUSE EVALUATION/SCREENS |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER: _____ |

_____ DATE SIGNED	X _____ WITNESS
_____ DATE SIGNED	X _____ PARENT OR LEGAL GUARDIAN
_____ DATE SIGNED	X _____ CHILD (IF 12 OR OLDER)

EXPIRATION DATE OF RELEASE: _____
 (NO MORE THAN ONE YEAR FROM DATE SIGNED)