

<b>YOUTH SERVICES</b> <b>CONSENT TO RELEASE MEDICAL INFORMATION</b> <b>WAIVER OF CONFIDENTIALITY FORM</b>
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I hereby authorize Youth Services to use or disclose my health information as described below.

(Note: All information that has been gathered on the individual is personal and private and should be treated as confidential. Such information cannot be released without authorized written permission, except as required by law.)

**I understand that the information in the record of:**

Name:		
DOB:	Social Security #:	
Address at Time of Treatment:		
City:	State:	Zip Code:

**is personal and private, HOWEVER, I give my PERMISSION for: (Agency Information)**

Name:		
Address:		
City:	State:	Zip Code:

**To release to:**

Name:		
Address:		
City:	State:	Zip Code:
Date This Authorization Will Expire:		

**The following specific information:**

Date(s) of Treatment:
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**The above listed information is to be released for the specific purpose of:**

**The health plan member / dependent or legal representative must read and initial the following statements:**

- |  | Initials |
|--|----------|
| 1. I understand that this authorization is voluntary.  | _____    |
| 2. I understand that if any organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.                           | _____    |
| 3. I understand that I may see and copy the information described on this form if I ask for it, and that I am entitled to a copy of this form after I sign it.   | _____    |
| 4. I understand that I may revoke this authorization at any time by notifying Youth Services in writing, and my permission to release this information may be canceled at any time, except when the information has already been released. | _____    |
| 5. Representative must provide a written statement making the request for the information on behalf of the employee.   | _____    |

I, the undersigned, certify that he/she is the employee/legal representative of the person listed above and has the authorization to sign on behalf of the person, by operation of the law.

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**Employee / Legal Representative Signature** **Date**

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**Witness** **Date**

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**Witness** **Date**