



Livingston
Family Center



CLIENT INFORMATION RELEASE AUTHORIZATION FORM (Under 18)

Client Name: _____ Client DOB: _____

I, _____, hereby authorize Livingston Family Center's
(Parent/Guardian Name)

Designee to _____ exchange/ _____ release / _____ receive information contained in my child's client
(Please Initial)

records with the individuals or organizations listed below and only under the conditions listed below:

Name of person(s) or organization(s) to exchange/ release/ receive information:

Specific type of information to be exchanged/ released/ received:

_____ Intake Assessment/Date _____ Progress and/or Case Notes _____ Treatment Plan/Goals

_____ Discharge Plan/Date _____ Academic/Attendance Records _____ Individual Education Plan

_____ Medical Records _____ Psychiatric/Psychological Evaluation(s) _____ Medication Reviews

_____ Other: _____

The purpose and need for such exchange/release/receive:

This consent is subject to revocation at any time except in those circumstances in which the program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished.

Without expressed revocation, this consent expires for the following specified reasons:

A. Date: _____

B. Event or Condition: Termination of Services

Parent/Guardian Signature

Date

LFC Representative or Witness

Date