

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

I, \_\_\_\_\_, AUTHORIZE THOMAS ALLEN, INC. TO:

<input type="checkbox"/> OBTAIN FROM	<input type="checkbox"/> RELEASE TO	<input type="checkbox"/> DISCUSS WITH	<input type="checkbox"/> EXCHANGE WITH
_____	_____	_____	_____
(client)	(legal representative)		(case manager)
Thomas Allen Staff			
_____	_____	_____	_____
	(adult/child foster care licensor if applicable)		(physician and clinic)
_____	_____	_____	_____
(hospital)	(dentist)		(psychologist/psychiatrist - circle one)
_____	_____	_____	_____
( )	( )		( )
_____	_____	_____	_____
( )	( )		( )
_____	_____	_____	_____
( )	( )		( )

Note: Fill in title or service provided in blank parenthesis and list specific person on title.

THE FOLLOWING INFORMATION:

<input type="checkbox"/> GENERAL RELEASE (not for Rule 34 Facilities)	<input type="checkbox"/> MEDICAL RECORDS, HISTORIES
<input type="checkbox"/> FINANCIAL DATA, RECORDS	<input type="checkbox"/> SOCIAL, DEVELOPMENTAL HISTORIES
<input type="checkbox"/> RESIDENTIAL/DAY PROGRAM RECORDS	<input type="checkbox"/> MISC. SOCIAL SERVICE RECORDS
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____

THE PURPOSE FOR DISCLOSURE IS:

<input type="checkbox"/> Residential Program Assessment, Referral
<input type="checkbox"/> Residential Program Development, Ongoing Services
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____

THE CONSENT EXPIRES AUTOMATICALLY: \_\_\_\_\_  
Date

I UNDERSTAND I MAY REVOKE THIS CONSENT AT ANY TIME BY WRITTEN NOTICE EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE OF IT.

CLIENT: _____	DATE: _____
PARENT/GUARDIAN: _____	DATE: _____
PERSON EXPLAINING CONSENT: _____	DATE: _____

If client is own guardian, the person who explains the contents of the consent for Release of Information must sign also. Only legal guardian or parent, if client is a minor, may give consent for a client who is not their own guardian. The client and person explaining consent need not sign in such cases.

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DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

PERSON EXPLAINING CONSENT: \_\_\_\_\_

DATE: \_\_\_\_\_

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DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

PERSON EXPLAINING CONSENT: \_\_\_\_\_

DATE: \_\_\_\_\_

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