



**AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION**

This form cannot be used for the re-release of confidential information provided to Parenting On Call by other individuals or agencies. Such requests should be referred to the original individual or agency.

I \_\_\_\_\_, parent of \_\_\_\_\_,  
authorize Parenting On Call to:

- release to:
  - obtain from:
  - exchange with:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

the following information pertaining to my child:

- treatment summary
- history/intake
- diagnosis
- psychological test results
- psychiatric evaluation/medication history
- dates of treatment attendance
- other (specify) \_\_\_\_\_

for the purpose of:

- evaluation/assessment and/or coordinating treatment efforts
- other (specify) \_\_\_\_\_

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event. (See back for authorization extension).

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

\_\_\_\_\_  
Signature of Parent/Guardian                      Date                      Child Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness                                      Date