



**Fairfield County Family, Adult & Children First Council
Multi-System Youth – Interdisciplinary Team**

Consent for Release of Information

Client Name: _____ **Date of Birth:** _____

As the parent/legal guardian of the above named child, I authorize the following agencies and/or organizations the right to exchange information regarding case history, psychological and education assessments, treatment, and progress updates in order to develop comprehensive service coordination goals that meet the needs of this child and/or family. Information released under this authorization may be subject to re-disclosure by the recipient of the information.

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| <ul style="list-style-type: none"> • Bureau of Children with Medical Handicaps (BCMh) • Big Brothers/Big Sisters • Fairfield County ADAMH Board • Fairfield County Board of Developmental Disabilities • Fairfield County Family, Adult and Children First Council • Fairfield County Juvenile Court • Lighthouse Shelter • Mid-Ohio Psychological Services • New Horizons Youth & Family Center • School (Specify): _____ | <ul style="list-style-type: none"> • Fairfield County Department of Job and Family Services: <ul style="list-style-type: none"> - Community Services - Child Protective Services - Child Support Enforcement - Adult Protective Services - Workforce Development • A New Leaf Foster Network • Ohio Department of Youth Services • Pickerington Area Counseling Office (PACS) • The Recovery Center • Uplift Healthcare Services • Other (Specify): _____ |
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I understand that I may revoke my consent to release information at any time. Otherwise, this consent form is valid for **one year** from the date the release is signed, or as otherwise stated: _____ (End Date of Consent).

_____/_____
(Signature of Parent/Legal Guardian) (Date)

_____/_____
(Witness/Credentials) (Date)

Revocation of consent: I hereby revoke the above consent for release of information. Upon revocations of consent, further release of specified information shall cease immediately.

_____/_____
(Signature of Parent/Legal Guardian) (Date)
DL mkr Asst. Pres. Ath / *5/28/10*
(Approved as to form) (Date)