



OAKVIEW JUVENILE RESIDENTIAL CENTER

RELEASE OF INFORMATION

Permission is hereby granted to Oakview Juvenile Residential Center to disclose, receive, or exchange any current and/or past information for the purpose of developing and coordinating ongoing treatment plans and services for the youth named below. The type of information to be disclosed, received, or exchanged includes, but is not limited to, education, physical health, mental health, court involvement, diagnosis, and counseling services.

Permission is also granted for any agency or individual to honor a photocopy or fax of this release as though it were an original.

This release shall remain in effect for the duration of youth's treatment at Oakview and during Oakview's aftercare services. Revocation of this release shall result in youth's termination from the program.

County of Residence: _____

Youth's name Date of birth

Youth's signature Today's date

Parent/guardian/committing authority's name and address

Parent/guardian/committing authority's signature Today's date Telephone number

Witness Signature Title Today's date

Information disclosed may be subject to redisclosure by the recipient and such information may no longer be covered by the Federal Confidentiality regulations.