ALASKA YOUTH & FAMILY NETWORK

The Alaska Chapter of the National Federation of Families for Children's Mental Health

We Are Your Shelter From The Storm

PO BOX: 233142, Anchorage, Alaska 99523-3142 Main Office: 740 Communications Ave, Anchorage, Alaska 99503

Phone: 907-770-4979 Fax: 907-770-4997 Website: www.ayfn.org Email: admin@ayfn.org

Consent for Release of Confidential Information

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

Parent/Guardian Name
***(If client is under 18)*:** _____ **Phone Number:** _____

Address: _____ **Primary Caregiver:** _____

Release TO: Alaska Youth and Family Network

Release FROM: _____

Phone Number: _____ Fax Number: _____

Address: _____

Type of Information to Be Released *(Please Initial Next to All that Apply):*

☐ **Psychological Assessments** ☐ **Treatment Plan and Reviews** ☐ **Discharge and Continuing Care Records**
☐ **Psychiatric Assessments** ☐ **Medical/Dental Records** ☐ **Substance Abuse Treatment Records**
☐ **Urinary Analysis (UA) Results** ☐ **School Records *(Including transcripts, 504, IEP, Disciplinary reports, etc.)***
☐ **Case Plan and Reviews** ☐ **Other *(Please Specify)*** _____

By initialing here:_____ I also give my consent for a mutual exchange of information verbally, written, and/or facsimile that pertains to me or my child.

This consent is subject to revocation in writing at any time. This consent is valid from ____/____/_____through _____/____/_____ and will expire on _____/_____/_____, unless revoked earlier.

I acknowledge that the information to be released is protected by Federal law and may include information regarding drug / alcohol abuse, sexually transmitted diseases / HIV and / or Hepatitis B. My signature below authorizes the release of this information. I understand that authorizing the disclosure of the above information is voluntary and I need not sign this form to ensure treatment. I understand that once the above information is disclosed, it may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws or regulations. Student:

Client: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Witness: _____ **Date:** _____

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations restrict any use of this information to investigate or prosecute any alcohol or drug abuse patient. Disclosure of patient information is permitted with the patient's written consent: however, disclosures to central registries and in connection with criminal justice referrals must meet the following specific regulations: (42 CFR 2.32 and 2.33). This information disseminated from Alaska Youth and Family Network.

A peer-run, peer delivered service, to create a more effective and inclusive behavioral health treatment system for Alaska's children, youth & families.

01-2015