

**AUTHORIZATION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request and authorize: \_\_\_\_\_  
(Name of Individual/Facility/Agency)

- To exchange  legal,  medical,  mental health,
- Drug and Alcohol evaluation, progress, participation, UA results
- Psychological evaluation
- Parenting classes, to include attendance, participation and progress
- Domestic Violence Counseling, to include attendance, participation and progress
- Domestic Violence Perpetrator assessment, counseling, to include attendance, participation and progress
- Probation/Corrections Officer  UA results
- Other \_\_\_\_\_

With: \_\_\_\_\_  
(CASA/Guardian ad Litem)

Chelan/Douglas CASA/GAL Program  
P.O. Box 2027, Wenatchee, WA 98807  
509-662-7350 Fax: 509-667-7521

I hereby consent to the release of the above information. I understand that such information cannot be released without my specific consent. I further authorize the CASA/GAL to exchange confidential information with my service providers to assist in case planning and services. This consent is valid for  90 days  1 year or  until \_\_\_\_\_  
Date

This authorization may be revoked at any time, except to the extent the holder of information/records has already taken substantial action in reliance on the authorization. Any further disclosure may be made only as provided by law. A photocopy of this form is as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Notice to Recipients of Information: If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission. If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CRF part 2). The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.