Harbor Shelter
& Counseling Center

PARENTAL RELEASE OF CLIENT CASE RECORDS

Client's Name:_____ Date of Birth:_____

This authorizes (name and address of agency or person):_____
_____
_____

to release to and/or exchange with Harbor Shelter and Counseling Center pertinent information from my child's case record. The information is needed for evaluation and treatment planning. Information will be released by phone, fax, written letter or e-mail.

The information to be disclosed is social/psychological/psychiatric evaluation, chemical dependency evaluation, and summary of contacts and case consultation.

I understand that I may refuse to sign this consent, if I so desire. However, refusal may limit or prevent service from Harbor Shelter.

I understand that I may revoke this consent at any time. I understand, further, that the consent expires upon fulfillment of the above stated purpose(s) or one year after signature date, whichever is first.

Other specifications of the date, event, or conditions upon which this consent expires:

_____
_____
_____
_____

Signature of Responsible Party for Minor: _____

Date:_____

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