

I, _____ authorize _____
 (Client) (person making the disclosure)
 to disclose to _____ the following
 (person/organization to which disclosure is to be made)

information (check those which apply):

- peer relationship issues
- substance use/abuse
- school-attendance, behavior, academics
- family issues
- health issues
- personal/emotional

The reason for such disclosure is:

- referral to school or community resource
- coordination of efforts
- other, please explain

I understand that my records are protected under the Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

Specification of the date, event, or condition upon which this consent expires (maximum 6 months).

Dated: _____

(signature of student)

(witness)

[signature of parent, guardian or authorized representative (when required)]

