West Michigan Partnership for Children
Authorization or Consent to Release Confidential Information

I, _____ hereby authorize _____
(Print Name of Client or parent/guardian of minor child) (Name of Individual or Position, Providing Information)

Or designee of _____, _____
(Name of Organization) (Address of Organization)

to release the following confidential information consisting of (indicate the specific information that may be released, i.e. Psychiatric, Drug/Alcohol Records or Information, HIV or AIDS information, Medical Records or Information: Social History; Psychological Records or Information, Educational Information, or school records, etc): _____
_____
_____

Regarding (check one or both): ☐ Myself ☐ the following minor child(ren)

Minor Child: _____ _____
(Print child's name) (Date of Birth)
Minor Child: _____ _____
(Print child's name) (Date of Birth)
Minor Child: _____ _____
(Print child's name) (Date of Birth)
Minor Child: _____ _____
(Print child's name) (Date of Birth)

For the purpose of assisting with diagnosis, treatment, rehabilitation and/or service delivery of other service to:

Name of the Organization: _____
Address: _____
Attention (person and/or position): _____ or designee.

I understand that only specific information can be disclosed to the above-mentioned agency. I understand that I will be notified of the specific information and the purpose of which it will be used prior to the information being released.

I understand that the information being released will be disclosed to me as well as the name of the organization that is disclosing the information.

The date of consent expires, not to exceed 90 days from when the consent is given, and not to exceed a year.

This authorization or consent for release of information shall be effective the date of signature and shall expire:

☐ Ninety (90) days from the date of the signature for a one-time release of information or
☐ One (1) year from the date of the signature for ongoing service provision

I understand that I may revoke this authorization or consent at any time, providing I notify the program in writing to this effect. Revocation has no effect on action previously taken.

Signature of participant or guardian (if minor):

_____ _____
(Signature of Participant) Date

_____ _____
(Printed Name of Participant) Date

_____ _____
(Signature of guardian of minor child) Date

(Printed Name of Witness and signature) Date