

Blaine County Probation Department
219 1st Ave South, Ste 108
Hailey, Idaho 83333
Office: 208-788-5528
Fax: 208-788-5541

AUTHORIZATION TO OBTAIN/DISCLOSE INFORMATION

I, _____, hereby give permission to _____ to
(Client's Name Printed) (Agency/Individual Name)

____ Disclose Information and/or _____ Obtain Information from:

Name of Provider

Name of Provider

Address

Address

City State Zip

City State Zip

Telephone

Telephone

_____**MY ENTIRE RECORD; OR**

_____**Only the following information (Client must initial each item to be release/obtained)**

Diagnosis/Assessment

Attendance Records Only

Treatment Recommendations

Treatment/Case Plan

Progress Report on Treatment

Other: _____

Other: _____

The purpose of this disclosure is:

To permit continuity of care.

Other _____

This release of information is applicable from _____ to _____. I may revoke this consent at any time unless action has been taken in reliance upon it.

Client's Signature

Printed Name

Date

Signature of Parent/Guardian

Printed Name and Relationship to Client

Date