



Developing the Future, Inc.
P.O. Box 1141
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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form cannot be used for the re-release of confidential information provided to Developing the Future, Inc. by other individuals or agencies. Such requests should be referred to the original individual or agency.

I _____ authorize the Developing the Future, Inc. to:

_____ release to:

_____ obtain from:

_____ exchange with:

the following information pertaining to myself or my child/children:

_____ treatment summary

_____ history/intake

_____ diagnosis

_____ psychological test results

_____ psychiatric evaluation/medication history

_____ other (specify) _____

for the purpose of:

_____ evaluation/assessment and/or coordinating treatment efforts

_____ other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____
_____. (See back for authorization extension).

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Signature of Parent/Guardian

Date

Signature of Witness

Date