Authorization for Release of Confidential Information

Health and mental health records

Youth name _____ Date of birth _____ Last four digits of SSN (optional) _____

Person or organization authorized to release records

Name _____ Telephone _____ Fax or email _____

Address _____

Release records to Harris Teen Home

Select the receiving HTH home and enter its facility address.

☐ Tampa traditional home ☐ Clearwater home ☐ Wellswood home

Facility address _____

Information authorized for release

☐ Psychiatric or psychological evaluation ☐ Psychosocial or comprehensive assessment

☐ Treatment or service plan ☐ History and physical

☐ Laboratory results ☐ Discharge summary

☐ Progress notes ☐ Medication records

☐ Other _____

Purpose of disclosure _____

Method of release ☐ Written ☐ Electronic ☐ Fax ☐ Verbal

I authorize the disclosure of the records selected above. I understand that this authorization is voluntary and may be revoked in writing, except to the extent action has already been taken in reliance on it. Unless an earlier date or event is entered below, this authorization expires one year after the signature date. Information disclosed under this authorization may be subject to redisclosure by the recipient as permitted by law.

Earlier expiration date or event (optional) _____

Youth signature _____ Date _____ Parent or legal guardian signature _____

Authorization for Release of Confidential Information

School records

Youth name | Date of birth | Last four digits of SSN (optional)

School or district authorized to release records

School or district name | Telephone | Fax or email

Address

Release records to Harris Teen Home

Select the receiving HTH home and enter its facility address.

- [ ] Tampa traditional home
- [ ] Clearwater home
- [ ] Wellswood home

Facility address

School information authorized for release

- [ ] Transcripts and grades
- [ ] Withdrawal grades
- [ ] Health or psychological evaluations
- [ ] Special education records including IEP or 504 plan
- [ ] Test scores
- [ ] Home language survey
- [ ] Graduation requirements
- [ ] Grading system
- [ ] Immunization records
- [ ] Florida student number
- [ ] Social history
- [ ] Attendance and discipline records
- [ ] Other

Purpose of disclosure

I authorize the disclosure of the school records selected above. I understand that this authorization is voluntary and may be revoked in writing, except to the extent action has already been taken in reliance on it. Unless an earlier date or event is entered below, this authorization expires one year after the signature date.

Earlier expiration date or event (optional)

Youth signature | Date | Parent or legal guardian signature