



Danbury Youth Services, Inc.
91 West Street, Danbury, CT. 06810
203-748-2936-office 203-797-8658-fax

CONSENT FOR THE RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____ authorize Danbury Youth Services, Inc. to exchange information with _____ (names of providers) regarding _____ (child's name).

The following identifying information from my records, (specify extent or nature of information to be disclosed)

- _____ Personal
- _____ Academic recorded P.P.T
- _____ Standardized test scores and psychological testing
- _____ Medical history
- _____ Mental Health Treatment
- _____ Court/Corrections record
- _____ Drug and alcohol history
- _____ Disciplinary actions

The purpose or need for such disclosure is

- _____ Development/Social history
- _____ Treatment planning
- _____ Diagnostic evaluation
- _____ Mentoring/Youth employment purposes
- _____ Other

This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

The date or event this consent form expires: _____

Signature of client

Date

Signature of Parent/Guardian

Date

Witness

Date

I understand that my records are protected under the Federal Confidentiality and State Confidentiality Regulations, (Chapter 889) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.