



RELEASE OF INFORMATION

I, _____, the parent/guardian of:

_____ D.O.B. _____
(Child's name)

Address: _____ Phone: _____

_____ Work Phone: _____

hereby authorize the following individual or agency:

Name: _____
(Name of individual or agency in possession of the records)

Address: _____

Phone: _____

to release information to representatives of the Youth Firesetting Intervention Program
the following records of the above named child:

☐ Yes ☐ No - Family history

☐ Yes ☐ No - Educational records and reports

☐ Yes ☐ No - Disciplinary records and reports

☐ Yes ☐ No - Mental health services

☐ Yes ☐ No - Alcohol/drug treatment

☐ Yes ☐ No - Medical/psychiatric treatment

☐ Yes ☐ No - Other Specify: _____

And further authorize the above-named individual or agency to discuss the contents of
these records with representatives of the Youth Firesetting Intervention Program.

NOTICE: I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. If not previously revoked, this consent will expire automatically ninety (90) days from the date signed, or will terminate thirty (30) days after completion of the New Britain YFIP program, whichever occurs first.

I also understand that my child's records are protected by state and local law and cannot be disclosed without my written consent except as otherwise specifically provided by law. Furthermore, I understand that if my child's records involve alcohol or drug abuse, they are also protected under Federal Regulation (42 CFR Part 2), Confidentiality of Alcohol and Drug Abuse.

The reason for disclosure of information is to facilitate adequate treatment for the above-named child due to firesetting incident(s). I have read carefully and understand the above statements, and do herein expressly and voluntarily consent to disclosure of the above records to representatives of the Youth Firesetting Intervention Program.

Printed Name of Parent/Guardian signing Release

Signature of Parent/Guardian

Date

Signature of Witness