VISION 20/20
COMMUNITY RISK REDUCTION
STRATEGICFIRE.ORG

YFS Release of Confidential Information

This form authorizes the YFPI program to share or receive confidential information about the youth named below with the agency or individual listed. A separate release is required for each agency. This release is valid for one year from the date signed unless otherwise specified.

YOUTH INFORMATION

Youth Last Name | **First Name** | **Date of Birth**

Caregiver / Guardian Name | **Relationship**

AUTHORIZED DISCLOSURE

I authorize the YFPI program to:

- ■ Release information TO the agency below
- ■ Obtain information FROM the agency below
- ■ Both release and obtain information

Agency / Provider Name | **Contact Person**

Address | **Phone** | **Fax / Email**

PURPOSE OF DISCLOSURE

- ■ Coordination of services / wrap-around care
- ■ Probation / juvenile justice coordination
- ■ Child protective services coordination
- ■ Mental health screening or treatment
- ■ School-based services
- ■ Other (specify below)

Other Purpose

INFORMATION AUTHORIZED FOR DISCLOSURE

- ■ Intake information
- ■ Screening results

■ Intervention plan and progress
■ Attendance / participation records
■ Fire incident information
■ Mental health records
■ Follow-up information
■ Other (specify below)

Other Information

EXPIRATION

■ One year from date of signature
■ Upon completion of services
■ Specific date (enter below)

Specific Expiration Date (if applicable)

Right to Revoke: You may revoke this authorization at any time by notifying the YFPI program in writing. Revocation will not affect actions already taken in reliance on this authorization.

SIGNATURES

Caregiver / Guardian Signature	Printed Name	Date

YFPI Specialist Signature	Printed Name	Date