CAROLYN A. DUVELIUS Chief Magistrate

JENNIFER A. COATNEY Magistrate

ANDREW L. SIEVERS Magistrate



ANTHONY BRIGANO Court Administrator

JENNA SEITZ Magistrate/Staff Attorney

AUTHORIZATION FOR RELEASE OF INFORMATION CLIENT'S NAME: _ Last First Middle ADDRESS: Street City Zip Phone State **SOCIAL SECURITY NUMBER:** (Note: the social security number will only be used, if the parties need it to release the information, otherwise the number will be blocked out before presenting this document.) I do hereby grant permission for the release/exchange of information relative to my care. I understand that this information is necessary. This information can be released/exchanged between the following parties: FROM: ____ TO: Warren County CASA 900 Memorial Drive Lebanon OH 45036 And specifically shall include: (please initial) ____ Behavioral History Treatment Plans ___ Consultation Report ___ Drug/Alcohol History Referrals Laboratory Reports ___ Social History Psychiatric Report ___ Physical Exam ___ Final Diagnosis Psychological Report ___ Current Medications ____ Discharge Summary ___ Prognosis Other: I understand that this authorization may be withdrawn at any time in writing. Recipients of my information are forbidden from re-disclosure without my specific authorization. I specifically authorize that information obtained by the Court Appointed Special Advocate (CASA) pursuant to this release be permitted to be contained in the CASA's written report to the Court. Upon revocation of consent further release of all information shall cease immediately. Client Witness Date Date