

# Holmes County Juvenile Court

Authorization for disclosure of confidential information for the purpose of case plan development and monitoring between the Holmes County Juvenile Court:

I, , parent / guardian of , DOB:

authorize to  release to and/or  obtain from Holmes County Juvenile Court to disclose all information indicated below from said child's records from:

**924 CrossFit  
5252 OH-39, Ste. G  
Millersburg, OH 44654**

### Information Authorized for Release:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> No restrictions               | <input type="checkbox"/> Entire medical record               |
| <input type="checkbox"/> Treatment plan                           | <input type="checkbox"/> Treatment and recommendations       |
| <input type="checkbox"/> Notification of admission and discharge  | <input type="checkbox"/> Admission and discharge summaries   |
| <input type="checkbox"/> Psychological/psychiatric assessments    | <input type="checkbox"/> Substance abuse screens/assessments |
| <input type="checkbox"/> Individualized education program records | <input type="checkbox"/> Progress and completion report(s)   |
| <input type="checkbox"/> Appointments scheduled and/or missed     | <input type="checkbox"/> Other: _____                        |

I understand my medical record may contain alcohol, drug abuse, mental health information and/or documentation of the diagnosis and/or treatment of AIDS, ARC, HIV positivity and other related diseases.

This consent may be revoked by me, in writing, at any time unless already acted upon. This consent shall expire in one year from the date of signature unless revoked by me, in writing, prior to action.

Signed in the Presence of:

\_\_\_\_\_  
Witness Date Parent Date

\_\_\_\_\_  
Witness Date Parent Date