



Form G

CONFIDENTIAL HEALTH INFORMATION CONSENT/RELEASE

Last Name of Youth	First Name of Youth	Date of Birth
Agency Releasing Information	Agency Address	

I do hereby consent to authorize the above referenced agency to disclose information pertaining to my care to:

George Junior Republic in Pennsylvania
 233 George Junior Road
 P.O. Box 1058
 Grove City, PA 16127

The information requested includes the following:

- | | |
|---|--|
| <input type="checkbox"/> Presence in treatment, including admission and discharge date
<input type="checkbox"/> Diagnosis, brief description of progress and prognosis
<input type="checkbox"/> Medical history and physical
<input type="checkbox"/> Psychiatric / psychological reports
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Bio-psychosocial Assessment
<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Continuing Care Plan |
|---|--|

The information requested is needed for the following purpose:

- To provide ongoing treatment / continuing care
 To enable judges, attorneys, and probation / parole officers to support treatment goals and make legal decisions on my behalf
 Other: _____

I understand that George Junior Republic in Pennsylvania must comply with multiple statutes and regulations relating to confidentiality of records and the information above cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I need not consent to the release of information in order to obtain treatment services. I choose to do so willingly and voluntarily for the purposes specified above. This consent is effective on the date of my signature and expires automatically in one year from that date unless I specify a date, event, or condition upon which it will expire sooner. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. ***(Specify date, event, or condition upon which this consent will expire sooner.)***

NOTICE TO RECIPIENTS OF INFORMATION: This information has been disclosed to you from confidential records that are protected by Federal and State statutes. Regulations limit your right to make further disclosure of this information without prior written consent of the person to whom it pertains.

I have been offered a copy of this form and I have accepted declined. (Initial) _____

Youth Printed Name	Youth Signature	Date

Parent/Guardian Printed Name	Parent/Guardian Signature	Date