POSITIVE ALTERNATIVES, INC.

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Positive Alternatives, Inc. is a United Way Member Agency

AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

I,		am the parent(s) or guardian(s)	of
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information, psychological evaluation neurological assessments, court ser local school districts, if applicable, necessary court, school, activities, or	ion, social histor vices summary, etc. I also give petc. I understand and evaluation. I	tion which includes: verbal and written exc y, AODA assessment, family assessments, request school records, IEP records, and en permission for the agency to transport my of the specific information to be disclosed is consent for Positive Alternatives, Inc. to p noies:	nrollment in child to
Positive Alternatives, Inc. Northwest Journey Day Treatment Mikan Day Treatment		(Previous School)	
Marshfield Clinic Mayo Clinic Health System Vibrant Health Clinic and Hospital Hudson Hospital and Clinic Hudson Physicians		(Therapist)	
River Falls Police Department River Falls School District Menomonie Police Department Menomonie School District		(Psychiatrist/Family Doctor)	
Amery School District Amery Police Department Polk County Sherriff's Office		(Other)	
Amery Medical Center Midwest Psychological		(Other)	
Family Therapy and Associates Western Wisconsin Health LTCRx Arbor Place		(Other)	
Hauge Dental Ritzinger Eye Clinic			
**This release will expire	e 30 days after (lischarge from Positive Alternatives, Inc	**
Parent/Guardian Signature	 Date	Resident Signature	 Date