



POSITIVE ALTERNATIVES, INC.

Administration Office
603 Terrill Road, Menomonie, WI 54751
Phone: (715) 235-9552 • Fax: (715) 235-1075
Email: pai@positive-alternatives.org
www.positive-alternatives.org

AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

The intent of this disclosure is to authorize the release and exchange of information for the purpose of Positive Alternatives providing the proper care and service to the client. This form shall not be used to re-release information provided to Positive Alternatives by other individuals or agencies. Such requests should be referred to the original individual or agency.

I, _____ am the parent(s) or guardian(s) of (*name of information to be released*) _____, (DOB) _____.

I hereby consent to authorize the written (email, report) and verbal exchange of information regarding the psychological evaluation, social history, AODA assessment, family assessments, neurological assessments, court services summary, school records, IEP records, if applicable, etc. as it pertains to the care and service the client is receiving. I consent for Positive Alternatives, Inc. to provide and receive such information as needed with the following agencies:

- All Apply**
- Positive Alternatives, Inc. _____
- Northwest Journey _____ (Previous School)
- Marshfield Clinic _____
- Aspirus Wausau Hospital _____
- Aspirus Clinic, Inc. _____ (Therapist)
- Young's Pharmacy _____
- Bridge Community Health _____
- Shopko Optical _____ (Psychiatrist/Family Doctor)
- D.C. Everest School District _____
- Wausau School District _____
- NTC Alternative High School _____ (Other)
- Professional Services Group _____
- Marathon County Dept. of Social Services _____
- Wausau Police Department _____ (Other)
- Marathon County Sheriff's Department _____
- _____ (Other)

**Other may include relative, attorney, GAL, etc.*

AMERY	INTERVENTION & PREVENTION SERVICES	MARATHON COUNTY	MEMONOMIE	RIVER FALLS	WOOD COUNTY
GROUP HOME	GROUP HOME	GROUP HOME	GROUP HOME	GROUP HOME	GROUP HOME
1370 60 th Ave. Amery, WI 54001 Phone: (715) 268-7997 Fax: (715) 268-7973	603 Terrill Road Menomonie, WI 54751 Phone: (715) 235-9552 Fax: (715) 235-1075	5475 N. 28 th Ave. Wausau, WI 54401 Phone: (715) 298-3134 Fax: (715) 298-3364	603 Terrill Road Menomonie, WI 54751 Phone: (715) 235-9552 Fax: (715) 235-1075	2860 Williams Ave. River Falls, WI 54022 Phone: (715) 426-2224 Fax: (715) 426-2225	110 24 th St. S, Suite B Wis. Rapids, WI 54494 Phone: (715) 712-1617 Fax: (715) 712-1605





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I hereby consent to authorize the release of information developed by Positive Alternatives which includes treatment assessments, treatment plans, progress reports, service notes, observation notes, incident reports, etc. with the following:

Department of Human/Social Services

Parent/Guardian

Other

Other

I understand that under extraordinary circumstances, including but not limited to, such as emergencies requiring law enforcement or medical emergencies, confidential client information may be shared without prior consent. The information shared must be pertinent to the situation at hand.

I understand I have the right to refuse to sign this form. I may also revoke my consent at any time (except to the extent that the information has already been released).

This consent will take effect the day of signature and will automatically expire 30 days following discharge from the program or exactly one (1) year from the date it is signed.

Parent/Guardian Signature Date

Client Signature Date

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