

Positive Alternatives, Inc.

Wood County Group Home

110 24th St S, Suite B
Wis. Rapids, WI 54494
Phone: (715)
Fax: (715)

AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

I, _____ am the parent(s) or guardian(s) of
_____, (DOB) _____.

I hereby consent to authorize the release of information which includes: verbal exchange of information, psychological evaluation, social history, AODA assessment, family assessments, neurological assessments, court services summary, etc. I understand the specific information to be disclosed is for the purpose of assessment, treatment, and evaluation. I consent for Positive Alternatives, Inc. to provide and receive information as needed to the following agencies:

- Positive Alternatives, Inc.
- Northwest Journey
- Marshfield Clinic
- Aspirus Hospital
- Riverview Hospital
- Wisconsin Rapids Police Department
- Wisconsin Rapids School District
- Wood County Sheriff's Department
- Riverview Community Dental Clinic
- Wood County Department of Human Services

(Previous School)

(Therapist)

(Psychiatrist/Family Doctor)

(Other)

(Other)

(Other)

****This release will expire 30 days after discharge from Positive Alternatives, Inc.**

Parent/Guardian Signature

Date

Resident Signature

Date