

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
_____, (DOB) _____.

I hereby consent to authorize the release of information which includes: verbal and written exchange of information, psychological evaluation, social history, AODA assessment, family assessments, neurological assessments, court services summary, request school records, IEP records, and enrollment in local school districts, if applicable, etc. I also give permission for the agency to transport my child to necessary court, school, activities, 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 Day Treatment | (Previous School) |
| Mikan Day Treatment | |
| Marshfield Clinic | |
| Mayo Clinic Health System | (Therapist) |
| Vibrant Health Clinic and Hospital | |
| Hudson Hospital and Clinic | |
| River Falls Police Department | |
| River Falls School District | (Psychiatrist/Family Doctor) |
| Menomonie Police Department | |
| Menomonie School District | |
| Amery School District | (Other) |
| Amery Police Department | |
| Polk County Sherriff's Office | |
| Amery Medical Center | (Other) |
| Midwest Psychological | |
| Family Therapy and Associates | |
| Western Wisconsin Health | (Other) |
| LTCRx | |
| Arbor Place | |

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

Parent/Guardian Signature	Date	Resident Signature	Date
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