

# Positive Alternatives, Inc.

## Marathon County Group Home

5475 N. 28<sup>th</sup> Ave.  
Wausau, WI 54401  
Phone # 715-298-3134

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

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

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Resident Signature                                      Date