



# Potter County CASSP

## Consent to Release Confidential Information

I hereby authorize Potter County CASSP and the following organizations as marked to release information to and receive information from:

Potter County Mental Health	Northern Potter School District
Potter County Intellectual Disabilities	Oswayo Valley School District
Potter County Children and Youth	Concern Counseling
Potter County Drug and Alcohol	Beacon Light Behavioral Health
Potter County Youth Probation	Dickinson Center, Inc.
Potter County Early Intervention	Guidance Center
Community Care Behavioral Health	Sagewood
Intermediate Unit #9	Primary Care Manager _____
Austin Area School District	Other: _____
Coudersport Area School District	Other: _____
Galeton Area School District	Other: _____

From the record of \_\_\_\_\_  
Name Birthdate

\_\_\_\_\_ Address Zip

The following information will be exchanged for the purpose of referral/case coordination (select all that apply):

Psychiatric / Psychological reports	Social History / Family Information
Teacher observations / School records	Attendance Data
Progress Reports	Report Cards
Medical Reports	Admission / Discharge Reports
Neurological Reports	Behavior Reports
IQ test scores, aptitude and achievement tests	Other: _____
CASSP referral and summary	Other: _____
Vocational skills assessment	Other: _____

This release is valid for 12 months from the date of signature and may be revoked by notifying the Potter County CASSP Coordinator in writing or witnessed verbally. I understand that treatment, payment, enrollment or eligibility for benefits and services is not subject to signing this release. However, I choose to sign this release voluntarily to receive CASSP Coordination services. I have read this form carefully and understand what it means.

\_\_\_\_\_  
 Signature of Minor (age 14 or above) Date

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

\_\_\_\_\_  
 Signature of Witness Date

\_\_\_\_\_  
 \*\*\* Signature of Witness Date

**Verbal release of Information** (\*\*requires signature for two witnesses): This section is to be used for consumer who are unable to provide a signature. We have witnessed that the consumer understands the nature of this release and has freely given his/her consent.

**In accordance with Pennsylvania Regulations: "This information has been disclosed to you from records whose confidentiality is protected by State Law. State regulations limit your right to make any further disclosure of this information without the prior written consent of the person to whom it pertains."**