



# Fairfield County Multi-System Youth Program

## Consent for Release of Information

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As the parent/legal guardian of the above-named child, I authorize the following agencies and/or organizations the right to exchange information regarding case history, psychological and education assessments, treatment, and progress updates in order to develop comprehensive service coordination goals that meet the needs of this child and/or family. Information released under this authorization may be subject to re-disclosure by the recipient of the information.

- Big Brothers/Big Sisters
- Fairfield County ADAMH Board
- Fairfield County Board of Developmental Disabilities
- Fairfield County Family Children First Council
- Fairfield County Help Me Grow
- Fairfield County Job & Family Services:
  - Protective Services
  - Child Support Enforcement
  - Community Services
- Fairfield County Juvenile Court
- Integrated Services
- Lancaster Fairfield Community Action Agency: Early Head Start  
Head Start Programs
- Mental Health of America
- Mid-Ohio Psychological Services
- New Horizons Mental Health Services
- The Recovery Center
- PATH Behavioral Health
- OhioRISE & Aetna
- Harcum House
- OhioGuidestone
- Fairfield Medical Center
- Nationwide Children's Hospital
- School
  - Amanda Clearcreek Local Schools
  - Bloom-Carroll Local School District
  - Canal Winchester Local Schools
  - Lancaster City Schools
  - Pickerington Local School District
  - Fairfield County Education Service Center
  - Berne Union Local School District
  - Fairfield Union Local School District
  - Liberty Union-Thurston Local School District
  - Walnut Township Local Schools
- Other Agency or Organization (s): \_\_\_\_\_

I understand that I may revoke my consent to release information at any time.

**X**

(Signature of Parent/ Legal Guardian)

(Date)

**THIS AREA FOR OFFICE USE ONLY—SIGN IN THIS AREA ONLY TO REVOKE PERMISSION**

Revocation of consent: I hereby revoke the above consent for release of information.

Upon revocations of consent, further release of specified information shall cease immediately.

\_\_\_\_\_  
(Signature of Parent/ Legal Guardian)

\_\_\_\_\_  
(Date)