Mercer County Opportunity Industries Inc.
Community Rehabilitation Program

Release of Information

By signing and dating this Release of Information, I give permission for the staff of Mercer County Opportunity Industries' (MCOI) Community Rehabilitation Program to share specific information, with the following agency(ies) listed below, as checked with my case. I understand this is a cooperative effort by the agencies involved to share information what will lead to better utilization of community resources and better cooperation amongst our agencies to best meet my needs.

_____ _____
Name Number

_____ _____
Name Number

I understand that my medical/health information records are confidential. I understand that by signing this authorization, I am allowing the release of my medical/health information. Protected health information (PHI) in my record includes mental/behavioral health information. In addition, it may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), other communicable diseases, and/or alcohol/drug abuse. I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it.

Information to be released is:

_____History
_____Diagnosis
_____Summary of Treatment
_____School Evaluation
_____Performance
_____Service Plans
_____Assessment Results
_____Case Notes
_____Legal Issues/Concerns
_____Other (specify) _____

Purpose of the Release of Information:_____

This consent to release is valid for one year, or until otherwise specified, and thereafter invalid. Specify date, event, or condition on which permission will expire:_____

I understand that at any time between the time of signing and the expiration date listed above I have the right to revoke consent.

_____ _____
Client Name Date of Birth

_____
Address

_____
City State Zip Code

_____
Client Signature Date

_____
Witness Signature Date

_____
Guardian Signature (if applicable) Date