**Tenth Judicial District Early Neutral Evaluation Program**

Consent for Release and Exchange of Confidential Information

**TO:**

**Regarding:**

**Name:** **DOB:**

**Name:** **DOB:**

**Approximate dates of your contact:**

I give my permission and request that the following information be released for the purpose of an Early Neutral Evaluation (ENE).

I hereby authorize you to disclose to ENE Provider, the information requested below. I also give my permission for the above staff person to exchange information with you.

I understand this release is valid only for the following information:

\_\_\_\_\_ Police records and incident reports

\_\_\_\_\_ Medical or psychiatric treatment/hospitalization records

\_\_\_\_\_ Family and social casework agency records

\_\_\_\_\_ Juvenile and adult court records

\_\_\_\_\_ School/day care information

\_\_\_\_\_ Chemical dependency evaluation and treatment records

\_\_\_\_\_ Mental health counseling/therapy records, including psychological testing

\_\_\_\_\_ Other (specify):

I have been instructed as to the purpose and intended use of the release information and who will receive the information. I have been informed of my right to refuse to release this information. I acknowledge that services provided are not conditioned upon my agreement to sign this authorization. I understand I may revoke this consent upon written notice (not retroactive) at any time by informing the above-named ENE Provider. This consent will automatically expire one year from the date below.

Dated:

 Client Signature

Dated:

 Client Signature

Dated:

 Witness