



Authorization for Release and Receipt of Confidential Information

Youth's Name _____ Case # _____

By signing below I agree to the terms of the release form.

I understand that the Minnesota Youth Firesetting Prevention and Intervention Program includes representatives of fire and police departments, the juvenile justice and probation systems, public and private mental health facilities and their associates, public and private children-and-youth social services, and the local school system.

I hereby authorize the Youth Firesetting Prevention and Intervention Program, and all of the agencies listed above, to receive any and all information deemed necessary from the sources listed below:

- Referral/admission information
- Psychiatric assessment
- Psychological testing
- Education reports
- Progress notes
- Social history
- Comprehensive evaluation reports
- Individual education plan
- Discharge summary
- Fire/police/probation reports
- Assessment interview

For the purposes of:

- Planning intervention
- Reporting problems/concerns
- Coordinating services

I hereby authorize the Minnesota Youth Firesetting Prevention and Intervention Program to provide the following types of information to agencies deemed appropriate:

- Referral information
- Intervention plan assessment
- Progress notes
- Case reports

Furthermore, I hereby release the Minnesota Youth Firesetting Prevention and Intervention Program and its authorized agents from any and all legal responsibility or liability stemming from the release of information indicated and authorized herein. Information released with this authorization will not be given, sold, transferred, or be relayed to any other person or agency not specified above without written consent.

I understand that I may revoke this consent at any time by submitting a written request to the Minnesota Youth Firesetting Prevention and Intervention Program.

Counseling Provider Name: _____

Therapist Name: _____

Address: _____ Phone: _____

Parent / Guardian

Date / Time