

Crook County Juvenile Department

Authorization for Release of Information

Individual's Name (youth): _____ DOB: _____

Parent/Guardian Name: _____

I authorize the following individuals and/or agencies to provide information to and obtain information from Crook County Juvenile Department (initial)

- | | |
|--|--|
| <input type="checkbox"/> Best Care Treatment Services | <input type="checkbox"/> Prineville Police Department |
| <input type="checkbox"/> Rimrock Trails Treatment Services | <input type="checkbox"/> Crook County Sheriff's Department |
| <input type="checkbox"/> Crook County School District | <input type="checkbox"/> Crook Kids Clinic |
| <input type="checkbox"/> Mosaic Medical | <input type="checkbox"/> Prineville Counseling Center |
| <input type="checkbox"/> Oregon Department of Human Services | <input type="checkbox"/> Community Resource Team |
| <input type="checkbox"/> St Charles Health Systems | <input type="checkbox"/> District Attorney's Office |
| <input type="checkbox"/> Hope Porterfield | <input type="checkbox"/> Translation Services |
| <input type="checkbox"/> COIC Skills Lab | <input type="checkbox"/> AT Project/J-Bar-J Services |
| <input type="checkbox"/> Imagine Freedom | <input type="checkbox"/> NORCOR |
| <input type="checkbox"/> Deschutes Detention | <input type="checkbox"/> Madrona Recovery |
| <input type="checkbox"/> (Other) _____ | |

Including Records of: (initial)

- Yes No Alcohol/Drug Treatment
 Yes No Mental Health Services
 Yes No Educational Records
 Yes No Medical/Psychiatric Treatment
 Yes No Family History
 Yes No Employment/Unemployment

Other, as indicated:

Alcohol/Drug, Mental Health, and Medical Records include all aspects of diagnosis, treatment, and prognosis. Educational records include both behavioral and progress reports.

I agree that agencies and/or individuals listed on this document may share and exchange information about me as indicated above. The information received will be used to evaluate my situation and to plan for and coordinate services for me and my family. _____

This permission is good for the duration of my supervision or until: _____

I can cancel at any time, but I understand that the cancellation will not affect any information that was released prior to the cancellation. I understand information about my case and supervision is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Individual Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

You received the Information pamphlet "All About Expunction" _____ Date: _____