6270 N. Government Way
Dalton Gardens, ID 83815
Phone: (208) 666-0611
Fax: (208) 664-0566
www.synergyidaho.com

INFORMED CONSENT FOR DISCLOSURE OF RECORDS AND INFORMATION

CLIENT_______________________________________ Date of Birth ___________

Hereby authorizes Synergy Healthcare for Kids Inc.
TO: _X__Disclose TO:_X__Obtain from:

Name of person ____

Agency/Business ____

Address ____

Phone # ______________________ Fax # ______________________

The following specific information/records:

[] intake evaluation/diagnosis [] progress notes [] court/legal documents
[] psych/social history [] treatment plan [] school records
[] discharge summary [] psych eval/tests [] medical records
[] medications [] any information pertinent to treatment
[] other _________________________

Purpose/need for information:

[] to plan/coordinate treatment [] to report evaluation(s)
[] to assist in evaluation [] ongoing exchange of information to assist in treatment
[] other ____

I understand that my records are protected under Federal and State statutes and cannot be disclosed without my written consent unless otherwise provided for in the law. I understand that I may present a written request to revoke this consent at any time, except to the extent that action has already been taken. I understand that my records may contain information regarding the diagnosis of HIV/AIDS virus, other sexually transmitted diseases, drug and/or alcohol abuse, or mental illness/psychiatric treatment. I give my specific authorization for these records to be disclosed and hereby release Synergy Healthcare for Kids Inc. , and any of its staff from all liability that may arise from the release of information hereby authorized. I understand that a photocopy or facsimile transmission of this release is as valid as the original. This release expires 1 year from the date of the signature below, unless updated.

Parent or guardian's signature required if the client is a minor.

Client -if signing for client, give relationship	Date	Witness	Date
Client -if signing for client, give relationship	Date	Witness	Date