

Revised Oct. 2009

Legal Aid of West Virginia, Inc.
Family Advocacy, Support and Training Project
Authorization to Release or Obtain Information

I, _____, hereby authorize _____
to provide _____ with the information listed below
regarding my child _____.

- _____ All records detailing my child's behavioral health care treatment or needs;
- _____ Personal records, including correspondence, detailing my child's behavioral health needs;
- _____ Court documents, contractual agreements and/or any legal documentation and information that contain information relevant to my child's behavioral health needs and/or treatment;
- _____ Educational tests or evaluations, including individualized education plans, triennial assessments, psychological and speech evaluations, and teachers' observations and evaluations.
- _____ Other: _____

I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.

I understand that there are some circumstances where this information may be re-disclosed to other parties. Legal Aid will disclose private health information only when necessary to achieve the objectives for which we are assisting the Client.

I may revoke this authorization at any time, except with respect to the actions already taken in reliance on this release. My revocation should be in writing and sent to any of my sources of Legal Aid of West Virginia.

Legal Aid of West Virginia will give me a copy of this form if I ask, and I may ask the source to allow me to inspect or get a copy of material to be disclosed.

This authorization shall be valid for 12 months from the date signed.

Signature of Parent or Guardian

Date