



AUTHORIZATION TO RELEASE INFORMATION

Records pertaining to the individual shall be stored at the day program site in a secure and locked place, which shall be readily accessible to the day program administrators. Futures Explored is authorized to keep pertinent individual data, including, but not limited to, emergency telephone numbers, important medical data, current IPP objectives, and data collection sheets with the individual when the individual is participating in an activity or training at a location which is away from the day program's central filing area.

After obtaining the signed release of information forms from the individual, and conservator(s) if necessary, departmental directors may grant their staff access to confidential individual documents on a case-by-case basis. Staff who remove files are required to return them on the same day they were removed and refrain from leaving them where unauthorized individuals could read them. Staff is prohibited from discussing information found in the case files, unless the discussion occurs for a professional purpose. All California Welfare and Institutions Code restrictions regarding individual information must be met. At all times primary consideration must be given to protecting the security and privacy of our individuals' files.

Access to these records is limited to the professional staff providing direct service to the persons being served. If any other person or agency that is currently providing services to our individuals requests this type of information, the individual will be informed of the request and will determine if s/he wants Futures to release the information to the agency requesting it. The signed approval form with a list of the released documents will be kept in the individual's file.

Release of confidential information has been authorized by client, parent, or legal guardian/conservator.

Please forward/release the following current reports available regarding the individual:

- | | |
|--|--|
| <input type="checkbox"/> Social | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Annual Review | <input type="checkbox"/> CDER |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Other _____ |

This information will be released in the following manner:

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Written | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Audio | <input type="checkbox"/> Electronic |

Return all requested information to Futures Explored. All information will be considered confidential. This release is valid for the entire period that the client is a participant in any of Futures Explored's programs.

Client Signature

Date

Parent Or Legal Guardian/Conservator Signature

Date