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ANCHORAGE, ALASKA 99503

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Release of Information (ROI)

(Compliant with FERPA and HIPPA regulations)

Name of Youth: _____ **Date of Birth:** _____

I authorize the Provider/Organization/School listed below to release information and records to the Bring the Kids Home Educational Transition Support Project:

Provider/Organization/School Phone

Address City/State/zip

I am authorizing the following information to be exchanged verbally, written, and/or facsimile:

(Please initial next to each category that applies):

- | | |
|---|---|
| <input type="checkbox"/> Name and identifying information | <input type="checkbox"/> Discharge / transition summary |
| <input type="checkbox"/> Educational records | <input type="checkbox"/> Continuing care plan and discharge recommendations |
| <input type="checkbox"/> School history information | <input type="checkbox"/> Attendance or dropout status in school |
| <input type="checkbox"/> Progress in treatment or continuing care | <input type="checkbox"/> Conduct in school |
| <input type="checkbox"/> Diagnostic summary | <input type="checkbox"/> Discharge date |
| <input type="checkbox"/> Medical records | |

For the purpose of:

- | | |
|--|---|
| <input type="checkbox"/> School/Teacher preparedness | <input type="checkbox"/> Parental participation |
| <input type="checkbox"/> On-going treatment or continuing care | <input type="checkbox"/> Other: _____ |

I understand that the information to be disclosed may include information pertaining to drug/alcohol abuse treatment, and rehabilitation or psychiatric treatment. I also understand that I may revoke this consent in writing at any time, except to the extent that the providing persons/organization set forth above have taken action in reliance on this authorization before receiving the written revocation. **This agreement will expire one year from the date of signature.** _____
(Please initial)

Parent Phone Date

Legal Guardian Phone Date

BTKH Educational Support Project Representative Phone Date

01/13/09jd