



CASA/GAL of Miami County, Inc.

405 Public Square, Suite 366 Troy, OH 45373

Phone: 937-335-0209 Fax: 937-335-2084

E-mail: info@miamicountycasa.org

Release of Information

Name (Last, First, Middle): _____ DOB (mm/dd/yy): _____

Social Security Number: _____ CASA Name: _____

- | | |
|--|--|
| <input type="checkbox"/> _____ Miami County Children’s Services Board
<input type="checkbox"/> _____ Recovery & Wellness Centers of Midwest Ohio
<input type="checkbox"/> _____ Miami County Recovery Council
<input type="checkbox"/> _____ Miami County Job and Family Services
<input type="checkbox"/> _____ Miami County Metropolitan Housing | <input type="checkbox"/> _____ Miami County Adult Probation
<input type="checkbox"/> _____ Family Abuse Shelter of Miami County, Inc.
<input type="checkbox"/> _____ Help Me Grow
<input type="checkbox"/> _____ Miami County Board of Developmental Disabilities/Riverside/RTI
<input type="checkbox"/> _____ Other _____ |
|--|--|

I, _____, hereby authorize the agencies identified above by my
(Full Name)
 initials, to release and provide any and all information to CASA/GAL of Miami County, Inc. and
 _____, including, but not limited to the following: admission
(CASA/GAL Volunteer Name)
 records, physical examinations and histories, emergency room records, discharge summaries, drug and alcohol treatment records, therapy/counseling records, psychological evaluations, type of services received, case management and any other records pertaining to myself.

I understand that this consent may be revoked by me, at any time, by my stating so in writing. I also understand that if I revoke this consent, the revocation will not apply to any information that had been shared prior to the revocation, or for any action already taken place in reliance on it. If this consent is not previously revoked, this consent will terminate on:

 Date (or Event or Condition upon which consent will terminate)

I have read and understand the “Release of Information” and agree to the terms and conditions established therein:

 Signature Authority for Signing (Self, Personal Representative, etc.) Date

 Witness Date