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### AUTHORIZATION OF DISCLOSURE

Ross County Alternative Center  
102 Cattail Road - Chillicothe, OH 45601  
(740) 772-6197

\_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name of Student \_\_\_\_\_

I authorize the Ross County Alternative Center to release, to share with and to disclose to the following agencies:

Home School \_\_\_\_\_  
Name Address

- Medical Center Hospital
- Scioto Paint Valley Mental Health Center (S.P.V.M.H.C.)
- Ross County Health Department
- Family Preservation Services
- Guidance Counseling
- Ross County Children's Services
- Other private practitioner or agency \_\_\_\_\_

The purpose or need for such disclosure is Case consultation and Treatment Planning.

This release will allow collaboration between the above mentioned agencies in order to increase the student opportunity for success in school. Consent expires 30 days after DISCHARGE from the Ross County Alternative Center Program.

This information has been disclosed to you from records whose confidentiality is protected by Federal Regulation 42 CFR, part 2, and not to be re-released.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_