



TULALIPTRIBES
ha?txəcil
 BEHAVIORAL HEALTH SERVICES



bədaʔ čəʔ
 Indian Child Welfare
 2828 Mission Hill Rd
 Tulalip WA 98271
 360-716-3284
 fax: 360-651-4742

beda?chelh
Consent for Release
Of Information (ROI)

_____ /_____/_____
Client Name

_____ /_____/_____
Client Date of Birth

I hereby authorize the exchange of confidential information specified below between:

Behavioral Health
 beda?chelh
 2828 Mission Hill Rd
 Tulalip WA 98271
 (360) 716-3284
 Fax: (360) 651-4742

AND

Specific information to be disclosed:

- | | |
|--|--|
| <input type="checkbox"/> Intake Assessment | <input type="checkbox"/> Family / Placement History |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Medical / Psychiatric History |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Medical / Psychiatric Diagnoses |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Medication Information |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Academic progress or concerns | <input type="checkbox"/> Becca Bill information |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: _____ |

For the Purpose of:

- Treatment Planning
 Case Coordination
 Compliance with Court Orders
 Staffing
 Supporting client in Placement () in Family () in Academics () in Transition
 Other: _____

The information will be released in the following formats:

Written Verbal Audio Electronic (including fax) Other: _____

I understand that my records are protected under the federal and state confidentiality regulations (42 c.f.r Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. A revocation of this ROI will take place as soon as this provider receives a written request from you.

I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will. If client is under 13 years of age, a parent or legal guardian must sign consent.

Begin Date: _____ Expiration Date: _____ NOT to exceed 1 year. IF NO DATE IS ENTERED, RELEASE WILL AUTOMATICALLY EXPIRE IN 90 DAYS
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 Client

 Parent or Guardian

_____ /_____/_____
 Today's Date

 Witness / beda?chelh staff

 Today's Date