

NEW HORIZONS YOUTH RANCH

www.newhorizonsyouth.com

CONFIDENTIAL RELEASE OF INFORMATION

My/Our name is: _____ and
/ _____

I/We are the Parents/Guardian of

NEW HORIZONS YOUTH RANCH is authorized to receive and/or release confidential information; records, 16PF Adolescent Personality Questionnaire; the Achenbach Child Behavior Checklist; the Attention Deficit Disorder Evaluation Scale; dental records, medical records, the Woodcock-Johnson-Educational Battery-revised; copies of report cards; IEP information, progress reports; hospital records, psychological evaluations, the results of the Wechsler; testing; transcripts and all other pertinent information regarding:

_____ whose

date of birth is _____ and who resides at _____

NHYR is further authorized to release the above records, along with a candid, confidential assessment of the family situation, to JEFFREY SCOGIN, MA, THERAPIST FOR NEW HORIZONS YOUTH RANCH.

The undersigned **gives permission to the following professionals** to speak with and share documentation with NEW HORIZONS YOUTH RANCH:

Name _____ Phone _____

Fax _____

Name _____ Phone _____

Fax _____

Please circle "are" or "are not": There are _____ are not _____ records I wish withheld. If there are records to be withheld they are:

Signed: _____

Date: _____

Signed: _____

Date: _____

(Please make copies of this form and use additional forms if necessary)

A photocopy of this statement of authorization shall be considered as valid as the original.