Pennsylvania Counseling SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

My/our signature as listed below, confirms my voluntary participation in a Pennsylvania Counseling Services, Inc. Warrior Project (Transitional Supports for Adolescents). I understand that the Warrior Project is not treatment, but is a program that utilizes person centered planning to create a plan that will assist with preparing for adulthood and incorporating formal and informal supports.

I,_____,
do hereby consent and authorize PA COUNSELING SERVICES to disclose to _____
information from my participation in the Warrior Project. The specific information to be disclosed includes:

____ *Participation in the Warrior Project
____ *Person Centered Plan
____ *Safety Issues / Concerns
____ *List of Treatment Providers

Other _____
_____

I understand that this information is to be used for the purpose of CASE COORDINATION

_____ _____
Signature of Participant Signature of Parent or Primary Caretaker (optional)

_____ _____
Signature of Witness Date

I,_____,
do hereby consent and authorize PA COUNSELING SERVICES to receive from _____
information from my record(s). The specific information to be disclosed includes:

____ *Copy of psychological/psychiatric evaluation
____ * List of Treatment Providers
____ *Safety Issues / Concerns
____ *Medical History & Physical
____ *Career Assessments
____ *Grades/report cards

Other _____
_____

I understand that this information is to be used for the purpose of CASE COORDINATION

_____ _____
Signature of Participant Signature of Parent or Primary Caretaker (optional)

_____ _____
Signature of Witness Date

Revised 11/12