



4 the Children

**SUPERVISED EXCHANGE AND
PARENTING TIME
RELEASE OF INFORMATION**



Supervised Exchange
and Parenting Time

I, _____, do hereby consent and authorize 4 the Children/SEPT to release any information pertaining to me to the agencies/persons indicated below, and I also authorize the indicated sources to release information/documentation regarding my case to 4 the Children/SEPT:

- Department of Human Services
- Law Enforcement
- Court
- Court Advocate _____
- Attorney _____
- Testing Agency _____
- Mental Health Agency/Professional _____
- School or Childcare Provider _____
- Physician or Medical Facility _____
- Community Agency _____
- Other: _____

The duration of this authorization is until:

- Six months from the date of my case's discharge from the Program
- One year from the date of my case's discharge from the Program
- Resolution of billing for Program services.
- Other: _____

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

Client Signature

Date

Parent/Legal Guardian Signature (if required)

Date

Witness Signature

Date