1650 SW 45th Place
Corvallis, OR 97333

fax: 541.758.1030
phone: 541.757.8068

Release of Information

Name of Individual Served: _____ **Date of birth:** _____

Information to Be Used or Disclosed (Information to be obtained under this disclosure agreement)

■Individual Service Notes ■Individual Service and Support Plans ■Formulations
■Assessments ■Medications

Purposes of Disclosure (Information listed above will be disclosed for the following)

■ Mental Health services and coordination

■ Other: _____

Information may be exchanged between these authorized entities:

Old Mill Center for Children and Families
1650 SW 45th Pl., Corvallis, OR 97333
Phone: (541) 757-8068 Fax: (541) 758-1030

and

Name/Organization: _____
address: _____
phone & fax: _____

Expiration Date of Authorization

This authorization is effective for two years from date signed, unless revoked or terminated by the individual served or the personal representative of the individual served.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Old Mill Center.

Potential for Redisclosure

Information that is disclosed under this authorization may be re-disclosed within the agency. The privacy of this information may not be protected under the federal privacy regulations.

Rights of the Individual

You may inspect or request a copy (in writing) of information that is used or disclosed under this authorization.
Refusal to sign this authorization will not impact the services delivered.

Signature of Individual (if 14 or older):_____ Date:_____

_____ _____ _____
Signature of Personal Representative Relationship Date
(Required if the individual served is a minor or an adult who is unable to sign this.)

Old Mill Center Representative _____ Date:_____