1650 SW 45th Pl
Corvallis, OR 97333

phone: 541.757.8068
fax: 541.758.1030
www.oldmillcenter.org

Release of Information

Client's Name: Date of Birth:

Information to Be Used or Disclosed

Information to be obtained under this authorization includes:

Individual Service Notes, Assessments, Individualized Service-Support Plans, Medications, Formulations, Scheduling

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

Mental health services and coordination

Person or Organization Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Name of person/organization

Address/Phone/Fax

Therapist or Organization to Whom Information may be Disclosed

Information described above may be disclosed to:

Old Mill Center for Children and Families
Name of person/organization

1650 SW 45th Pl., Corvallis, OR 97333 (541)757-8068 (541)758-1030
Address Phone Fax

Expiration of Authorization
This authorization is effective for a year from the date signed (unless revoked or terminated by the patient, or the legal guardian.)

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

Potential for Re-disclosure
Information that is disclosed under this authorization may be re-disclosed. 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. You may refuse to sign this authorization. Refusal to sign this authorization will not impact services to be delivered.

Signature of Individual Served (if 14 or older) **Date**

Name of Legal Guardian (Please Print) **Signature of Legal Guardian**
(Required if the individual served is a minor or an adult who is unable to sign this form)

Relationship to Individual **Date**

Name of Legal Guardian (Please Print) **Signature of Legal Guardian**
(Required if the individual served is a minor or an adult who is unable to sign this form)

Relationship to Individual **Date**