

Old Mill Center for Children and Families  
1650 SW 45th Place  
Corvallis OR 97333-1768  
PH: (541) 757-8068 Fax: (541) 758-1030  
www.oldmillcenter.org



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### School Release of Information

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**Client 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.

**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:

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Name of School District	Name of School	Name of Teacher (Optional)
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Address	Phone	Fax
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**Therapist or Organization to Whom Information may be Disclosed**

Information described above may be disclosed to or by:

Old Mill Center for Children and Families

Name of person/organization

<u>1650 SW 45<sup>th</sup> Pl., Corvallis, OR 97333</u>	<u>(541)757-8068</u>	<u>(541)758-1030</u>
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.

**Client (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Legal Guardian (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_