

**CONSENT TO TREATMENT
AND
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION:
BLUEGRASS INTERAGENCY MOBILIZATION FOR PROGRESS IN ADOLESCENT AND CHILDREN'S
TREATMENT
INTERAGENCY INFORMATION EXCHANGE**

I, _____, hereby declare that I am the parent ____ or guardian ____ who is a child (SS# __ __ __ - __ __ __ - __ __ __) applying for services provided by Bluegrass IMPACT, a project of the Cabinet for Human Resources and the Bluegrass Regional Mental Health/Mental Retardation Board. Inc. I hereby give permission to those agencies or providers affiliated with Bluegrass IMPACT, a listing of which has been given to me, to provide services to my child including consultation with agencies which way not have had direct contact with my child.

I recognize that the services for my child's condition require the collaboration of numerous agencies and service providers. I understand that this collaboration requires the disclosure of information about my child so as to help the various service providers to make necessary assessments and service plans.

I understand that the following information may be released to service providers:

- 1.The full name and other identifying information regarding my child and our family.

- 2.Diagnostic and assessment information including psychological and psychiatric evaluations, medical histories, educational and social histories. These evaluations may include references to other family members.

- 3.Treatment and/or educational rehabilitation or habilitation plans.

- 4.Current observations a f behavior.

- 5.Recommendations to other providers.

The purpose of this disclosure shall be to facilitate service delivery to my child.

I further understand that the information generated or obtained by the project can be shared with the agencies or providers affiliated with the project.

This authorization to release information extends to the various interagency committees and response teams of project IMPACT. I authorize data to be shared with the Cabinet for Human Resources. Department for Mental Health and Mental Retardation Services, Division of Mental Health. The purpose of this disclosure is to assist in needs assessment and planning for future services.