Steppingstone
A Program of ECH – Every Child's Hope
5100 Noland Road
Kansas City, Missouri 64133
Phone: (816) 356-0187
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Authorization For Release Of Information

_____ _____
(Person About Whom Information Is To Be Released) (Birthdate)

THE UNDERSIGNED HEREBY AUTHORIZES STEPPINGSTONE TO:

( ) RELEASE INFORMATION TO ( ) OBTAIN INFORMATION FROM

THE PERSON OR FACILITY NOTED BELOW:

_____
(Name of Person or Facility)

_____
(Address of Person or Facility)

THE FOLLOWING INFORMATION IS TO BE DISCLOSED INCLUDING DIAGNOSTIC AND TREATMENT RECORDS CONCERNING DRUG/ALCOHOL:

( ) Admission Assessment	( ) Interdisciplinary Assessment	( ) Educational Records
( ) Psychiatric Assessment	( ) Social History	( ) Physical Examination
( ) Psychological Assessment	( ) Discharge Summary	( ) Immunization Records

( ) Other (Specify) _____

THIS INFORMATION IS TO BE DISCLOSED FOR THE PURPOSE OF:

( ) Intake Evaluation ( ) Treatment Planning ( ) Discharge Planning

( ) Other - Specify: _____

This authorization is valid until _____.
It may be revoked at any time except to the extent that action has already been taken. Refer to ECH's Notice of Privacy Practices for further information about revoking an authorization.

It is understood that information released by Steppingstone based on this authorization may be subject to redisclosure by the recipient of this information. It is understood that a photocopy or facsimile of this authorization is valid.

Steppingstone and ECH – Every Child's Hope are hereby released from all legal liability for release of information to the extent indicated and authorized herein.

_____ _____ _____
(Signature Of Client/Parent/Legal Guardian) (Relationship) (Date)

_____ _____ _____
(Signature of Parent/Legal Guardian) (Relationship) (Date)

_____ _____
(Witness) (Date)