



Request/Authorization to Release Confidential Records and Information

I hereby authorize (name/facility/address):

**Circle Camps
3223 Embury Circle
Atlanta, GA 30341**

Phone: **770-687-3066**

**Lane Shelton, Executive Director
Heather Rubin, LCSW, Clinical Director
Ariel Goehring, LSW, Assistant Clinical Director**

To release/request information to/from (name/facility): _____

Address (optional): _____

Phone (required): _____ for records about [CAMPER NAME] _____

born on [DATE] _____, for the following purpose(s): professional consultation with Licensed Camp
Clinician(s) and/or risk assessment for camper wellbeing.

This release of information expires on January 1, 2022. (Maximum one year from today's date)

The information to be disclosed is marked by an x in the boxes below, and the items not to be released have a line drawn through them. Page numbers are indicated when appropriate.

- | | |
|---|---|
| <input type="checkbox"/> Intake and discharge summaries | <input type="checkbox"/> Medical history and evaluation(s) |
| <input type="checkbox"/> Mental health evaluations | <input type="checkbox"/> Developmental and/or social history |
| <input type="checkbox"/> Educational records | <input type="checkbox"/> Progress notes, and treatment or closing summary |
| <input type="checkbox"/> Other: _____ | |

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: Do not release

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may revoke this consent at any time within one year. This consent will expire automatically after one year from the date on which it is signed unless indicated soon, or upon fulfillment of the purposes stated above. I have been offered a copy of this form for my records and agree to the contents.

Signature of Camper (if 14 years or older)

Printed Name of Camper (if 14 years or older) Date

Signature of Parent/Guardian
(if Camper is under 14 years old)

Printed Name of Parent/Guardian
(if Camper is under 14 years old) Date

