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Guardian/Custodian's Authorization to Exchange Confidential Information re: Minor Child(ren)

	Full name	dob
Regarding (child[ren]'s name[s]):		

State and federal law limits the exchange of healthcare information regarding children in the absence of written acknowledgement and authorization from the child(ren)'s legal guardian(s) or custodian(s).

In instances in which two or more adults share legal custody or guardianship for a child, the written authorization of all such adults may be necessary to allow exchange of confidential information.

Federal law grants children protection of information relevant to reproductive health, HIV and AIDS status, drug, alcohol and other substance use beginning at age fourteen (14) years. In these instances, only the child can legally release such information.

By signing below, you are authorizing **Benjamin D. Garber, Ph.D.** to release to and/or receive from the party/parties identified any and all relevant information regarding this child/these children. This release will remain in effect for one full year from the date of signature unless and until it has been rescinded in writing by the client and/or the client's custodian.

Authorization to Exchange Confidential Information with:

Release to whom?

Please print name of intended party:	
Please print party's mailing address:	
Please print party's phone/fax/e-mail contact:	
Please print purpose of communication:	Treatment coordination/collaboration Other:

Signature of Legal Guardian(s) or Custodian(s):

Authorized signatures

Please print YOUR full legal name:		
Are you the minor child's legal custodian or guardian?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature of legal guardian(s) or custodian(s):		
Please print today's date:		
Witness Signature and Date		