

Twenty-Third Judicial Circuit
DeKalb County Court Services
200 N. Main Street
Sycamore, IL 60178
Phone: 815-895-7199
Fax: 815-895-1642



Authorization to Use and Disclose Information

Client Name: _____

Date of Birth: _____

I hereby authorize Dekalb County Juvenile Court Services to exchange information with the following agencies for the purpose of comprehensive individual case planning. I understand that such uses and disclosures may only be made by, and only to, the person or organizations identified below. I understand that I may, at any time, inspect or obtain a copy of the information about me that will be used and disclosed, as described below, by mailing a written request to, or presenting it in person at Dekalb County Juvenile Court Services.

Specific description of information to be used or disclosed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Psychological/Psychiatric Evaluations | <input type="checkbox"/> Diagnosis/Recommendations | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Attendance/Grades | <input type="checkbox"/> Disciplinary Information | <input type="checkbox"/> Discharge Reports |
| <input type="checkbox"/> Special Education Reports | <input type="checkbox"/> Dates of Service | <input type="checkbox"/> Urinalysis Results |
| <input type="checkbox"/> Other: | | |

(If not specifically limited or restricted, the types of information to be used or disclosed may include medical, psychiatric, or psychological records, records of evaluation and treatment for alcohol or drug abuse, records and results of HTLV-III, HIV or AIDS testing, etc.)

Persons or organizations using or disclosing information:

- Dekalb County Youth Service Bureau, Inc., 330 Grove Street, Dekalb, IL 60115
- Ben Gordon Community Mental Health Services Center, 12 Health Services Drive, Dekalb, IL 60115
- Department of Children and Family Services, 760 Peace Road, Dekalb, IL 60115
- Other:

I understand that I may revoke this authorization at any time, unless court ordered to comply, by giving written notice to the agencies listed above, that I wish to revoke this authorization. However, such a revocation will not be effective for uses or disclosures that have already been made, or other actions that have already been taken, in reliance on this authorization or as required by law. I understand I have the right to: 1. Inspect and copy such records to be disclosed. (A fee may be charged for the cost of copying) 2. To challenge the contents of such records. 3. To limit any such consent to designated records or designated portions of information within the records. This information expires on: _____

Client Signature

Date

Signature

Relationship

Date

Witness

Title/Relationship

Date