

ANOKA COUNTY EARLY NEUTRAL EVALUATION (ENE) PROGRAM
325 East Main Street
Anoka, Minnesota 55303

CONSENT FOR RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

TO: _____

Regarding:

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Approximate date(s) of your contact: _____

I give my permission and request that the following information be released for the purpose of an Early Neutral Evaluation (ENE).

I hereby authorize you to disclose to _____ ENE Neutral, the information requested below. I also give my permission for the above staff person to exchange information with you.

I understand this release is valid only for the following information:

- _____ Police records and incident reports
- _____ Medical or psychiatric treatment/hospitalization records
- _____ Family and social casework agency records
- _____ Juvenile and adult court records
- _____ School/day care information
- _____ Chemical dependency evaluation and treatment records
- _____ Mental health counseling/therapy records, including psychological testing
- _____ Other (specify): _____

I have been instructed as to the purpose and intended use of the release information and who will receive the information. I have been informed of my right to refuse to release this information. I acknowledge that services provided are not conditioned upon my agreement to sign this authorization. I understand I may revoke this consent upon written notice (not retroactive) at any time by informing the above-named ENE Neutral. This consent will automatically expire one year from the date below.

Dated: _____ Client Signature

Dated: _____ Client Signature

Dated: _____ Witness