

**ANOKA COUNTY EARLY NEUTRAL EVALUATION (ENE) PROGRAM**  
**2100 3<sup>rd</sup> Avenue**  
**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