Your Amazing Journey, LLC

Passion. Purpose. Abundance. Freedom.

AMERICAN DREAM EMPLOYMENT NETWORK MEMBER

CLEAR FORM

CONSENT FOR RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

PROGRAM:

Your Amazing Journey, LLC (Social Security to Work) / (ADEN) American Dream Employment Network
300 INTERNATIONAL DR, SUITE 100 | BUFFALO, NY 14221-5783
Phone: 716-462-6296 | Fax: 716-463-2843 | Website: https://youramazingjourney.biz

REGARDING:

Participant

Date of Birth

SSN (If necessary):

Address:

AGENCY/PERSON: I, (Participant, Parent, or Guardian) (as applicable), do hereby consent to the release of the following information about the above person and authorize **Your Amazing Journey, LLC** to obtain from and/or release the information to:

Agency/Person:
Name:
Address:
Phone:
Fax:

This request/release is needed for the purpose of gathering information and coordinating efforts to access or support treatment and/or to obtain approval for and receipt of insurance or government benefits, and/or:

Obtain	Release		Obtain	Release	
☐	☐	Share info via telephone	☐	☐	Diagnosis/prognosis/progress in treatment
☐	☐	Presence in treatment (dates)	☐	☐	Medical history and exams
☐	☐	Psychosocial history	☐	☐	Lab & diagnostic test results
☐	☐	Vocational history/assessment	☐	☐	Education assessments/records
☐	☐	Treatment plan/discharge summary	☐	☐	Legal/criminal justice history
☐	☐	Psychiatric consults	☐	☐	Service History
☐	☐	Psychological testing & consults	☐	☐	Other:

Dates of information needed:

Exceptions or limitations to this consent are as follows: None ☐ or specify below:

I understand that I may cancel my consent to release information at any time, except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. I understand the meaning of this consent form and acknowledge that the purpose and nature of the consent has been explained to me.

This consent and authorization shall continue in force and effect for a period of 12 months or until

☐ I have received a copy of this consent for release of information.

Participant: _____ **Date:** _____/_____/_____

Parent or Guardian (if applicable): _____ **Date:** _____/_____/

I have witnessed the above signature(s) and explained the meaning of the consent form:

Witness: _____ **Date:** _____/_____/_____