



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, am signing this form for
Printed Name of Authorized Person

Client Name: Last Name, First Name, Middle Initial Client Birth Date

My relationship to client is:

- Self Parent Power of Attorney
- Guardian Other Authorized Representative. Specify: _____

I authorize the Jewish Social Service Agency, 200 Wood Hill Road, Rockville, MD 20850
 Attn: Social Workers/Professional Counselors leading BFF Camp
 Tel: 301-838-4200, Fax: 301-610-8403
to obtain from [] and/or release/disclose to []:
 Names: Jenny Whichard, Emily Swinehart, McLean School SummerEdge camp counselors,
 teachers, and guidance counselors.
 Tel. 301-299-8277
 Address: 8224 Lochinver Lane, Potomac, MD 20854

The following:

[X] Counseling/psychotherapy reports: The brief summary report that is given to parents at the end of the camp reporting on the camper's progress and providing further recommendations.

[X] Medical information: If applicable, information regarding medical conditions or medications.

[X] Non-health-related information, specify: Information relevant to coordinating service between JSSA and McLean School staff during the camp screening process, the camp program, and, as necessary, for any needed follow-up to the BFF Camp program, including information that will assist with the child's learning and practice of social skills, as well as practical matters related to child's participation in the program.

Date range of records or reports: June 20, 2012-September 30, 2012

The purpose of this disclosure is: Coordinate service

JSSA employees, agents and volunteers have a duty to maintain the confidentiality of any information disclosed to them pursuant to this authorization. The client or other authorized person may inspect the client's records. However, this consent is subject to revocation by the client or other authorized person at any time, except to the extent that action has been taken in reliance upon it. In any event, it will expire not later than twelve (12) months from the date of consent.

Signature of Client or Authorized Representative

Date

DISCLOSURE OF SUBSTANCE ABUSE INFORMATION REQUIRES SEPARATE SUBSTANCE ABUSE DISCLOSURE RELEASE AND IS NOT INCLUDED IN THIS AUTHORIZATION.