



RELEASE OF INFORMATION

Patient's Name Birth date Social Security Number

Male/Female Grade

Information Disclosed To: KTS Call Center/Reviewing Facilities/Funding Entities for Authorization Purposes

SEND INFORMATION TO: KidLink Treatment Services 110 Westwood Place Brentwood, TN 37027

OR Confidential Referral FAX Number: 866-775-4208 or 615-250-2387 E-mail: KTSReferral@uhsinc.com

Network Facilities to Review:

To be used for the purpose of aiding in assessing appropriateness for Residential Treatment; OR,

The specific type of information (check below) is to be disclosed by:

- Name Street Address City State Zip
Progress Notes Discharge Summary
Social History Psychological Testing
Laboratory Data Physical Examination
X-ray Information Academic Information
Alcohol and/or Drug Doctor's Orders
use information (treatment records) The following Information:

I understand that I may revoke this consent at any time by submitting a written declaration of revocation. I also understand that any information released prior to the legal guardian's revocation is legal and shall not constitute a breach of the legal guardian's rights to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information shall remain valid for one year. Expiration date:

Patient Date

Parent/Guardian/Authorized Representative Date

Witness Date