



800 Oak Avenue Wyoming OH 45215 (513) 821-2428

AUTHORIZATION FOR RELEASE OF INFORMATION

Client's Name: _____

Client's Birthdate: _____

Client's Address: _____

Client's Telephone Number: _____

I, the undersigned, hereby authorize Wyoming Youth Services Bureau to secure any and all information and records or copies of records relating to the substance abuse assessment, recommendations and treatment rendered to _____, a minor.

The above information is to be released from:

NORCEN Behavioral Health Systems

7710 Reading Road
Cincinnati, Ohio 45237
Phone: 761-6222

Reading Youth Services

1223 Jefferson Avenue
Reading, Ohio 45215
Phone: 733-5623 ext. 144

Jim Heisel

10921 Reed Hartman Highway
Cincinnati, Ohio 45242
Phone: 794-1667

Frank Wood PhD

Greater Cincinnati Psychology Associates
130 Wellington Place
Cincinnati, Ohio 45219
Phone: 381-6611

This authorization is valid for ninety (90) days. I hereby state that I have read and fully understand the above statements as they apply to me. I hereby consent to the release of records.

Parent/Guardian Signature

Date

Witnessed by: _____