Superior Court of California
County of San Benito

RELEASE OF INFORMATION CONSENT FORM

I _____ hereby authorize _____ to
(Client Name) **(Provider/Agency Name)**

release information regarding myself/or my minor child(ren):

_____ _____
(Print Name) **(Date of Birth)**

_____ _____
(Print Name) **(Date of Birth)**

_____ _____
(Print Name) **(Date of Birth)**

to Family Court Services of San Benito County through Mediator/Evaluator (as indicated below). Information shall include any diagnosis, treatment, medication(s) and additional relevant information.

Disclosure(s) of information shall not be limited with the exception of the following specified limitations/restrictions.

I understand that the information released is confidential and protected from disclosure except in the case of Court Ordered assessment/evaluation and emergency screening.

I consent to the release of the above information to:

_____ _____
(Print Name/Title) **(Case #)**

_____ _____
(Signature of Client and Date) **Expiration Date**
(one year unless revoked in writing)

_____
(Signature of Witness and Date)

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