## Northwest Academy 378 Emerson Lane Bonners Ferry, ID 83805 (208) 267-7522 FAX (208) 267-1512

## CONSENT FOR RELEASE OF CONFIDENTIAL PATIENT INFORMATION

This consent authorizes:			
NORTHWEST ACADEMY			
Facility, Organization, Individual rele	easing/receiving inforn	nation	
378 EMERSON LANE			
Address			
BONNERS FERRY	ID	83805	
City	State Z	ip Code	
To exchange or release information of	on:		
Patient or Client Name			
Address			
City	Stat	te Zip Code	
Consent to release applies to the follow	owing person(s) and/or	organizations. SELE	
Consent to release applies to the follo	owing person(s) and/or	organizations: SELF	
Name		Address	Phone
Name		Address	Phone
Name		Address	Phone
For the purpose of:			
The information requested to be disc.	losed:		
Discharge Summary	]	ΙΕΡ	Assessments
Psychiatric Evaluation/Consult	tsS	School Reports	NWA Psych Tests
Master Treatment Plans	]	Immunization Records	
I understand that I may revoke this conhereon, and, if not revoked sooner in			
To the receiving party of this information consent. Any use of this information protected by Federal Regulation (420)	without the express w	•	1 1
Patient or Client Signature	Date of Birth		Date signed
Parent or Guardian Signature, if patie	ent is a minor	-	Date signed
Fax# or Email: (will be sent via	encrypted email)		