Family Options Counseling, LLC

Alternatives to Sexual Assault Program – for Persons with Limited or Underdeveloped Skills (ASAP-PLUS)

Release of Information

Client name: _____ D.O.B:_____

1. I authorize the following information to be disclosed.
   - Treatment progress
   - Treatment summary
   - Provision of treatment services
   - Diagnosis
   - Previous treatment progress

2. I authorize the following persons/organizations to *exchange* the above information and records. Please cross out and initial any agencies that do not apply.
   - Family Options Counseling, LLC
   - Children's Court *County* -_____
   - District Attorney's Office *County* -_____
   - Juvenile Probation *County* -_____
   - Wisconsin Department of Corrections
   - Social Services *County* -_____
   - Other treatment providers (list therapist's below)

   _____ _____
   therapist phone

   _____ _____
   Foster parent (if applicable) phone

3. I understand that the therapist(s) involved in the Alternatives to Sexual Assault Program – for Persons with Limited or Underdeveloped Skills (ASAP-PLUS) may be ordered to provide court testimony on the youth's treatment.

4. I understand that the information being exchanged covers an unlimited time period (birth to present).

5. It is likely that the client is ordered or will be ordered by the court to participate in this type of treatment program. I understand that the above information may be used as part of future court decisions. I also understand that the above

information will be exchanged to better facilitate treatment and overall psychological services.

6. I understand that this authorization may be revoked at any time upon my written request. This authorization will expire in one year, unless an earlier date is specified as follows: _____

7. I understand that there are limits to confidentiality that do not require my release of information. The following types of information will be reported without my consent.
   - Suspected child abuse or neglect (past or present)
   - Threats of self harm
   - Threats of harm toward specific others

_____ _____
Client's signature Date

_____ _____
Legal Guardian (if client is under 18) Date