CLARK COUNTY FORENSICS
WA State Certified DV Evaluator
Certified Clinical Forensic Evaluator
License #: 60640788

14804 NE 16th Street
Vancouver, WA 98684
(360) 910-1687
FAX (888) 896-6082
Mike.Willbur@gmail.com
WillburCounseling.com

RELEASE OF CONFIDENTIAL INFORMATION

DATE:_____

I, _____ give Clark County Forensics and the providers listed below my consent to release and exchange the following information regarding any matter relevant to my case:

Probation/Court _____Contact: _____
Address:_____Phone No.: _____
Fax:_____ email_____

Children's Services: _____Contact:_____
Address:_____Phone No.: _____
Fax: _____email:_____

Domestic Violence Program:_____
Address:_____ Phone No.: _____
Fax: _____ email:_____

Mental Health Provider:_____
Address:_____Phone No.: _____
Fax: _____email:_____

Attorney:_____
Address:_____Phone No.: _____
Fax: _____email:_____

This release includes access by the following State Agencies: DSHS/DCYF/CPS

I understand that I have the right to revoke any part of this release at any time. This release will automatically expire one year from today's date. I intend that my authorization for the release of records and information related to my health care comply with and fulfill all requirements under the privacy standards (45 CFR Part 160) as implemented under Section 264 of the Health Insurance Portability and Accounting Act of 1996, P.L. 104-191 ("HIPAA"). I authorize Clark County Forensics to conduct a multijurisdictional criminal background check in conjunction with the evaluation process.

Do you agree to share the information gathered in your evaluation for research purposes? This information will remain confidential. Y__ N__

Signed:_____ **Phone:**_____