

Authorized Visitation

It is unlawful to disclose any information to anyone without a valid release of information. All persons approved for visitation on this form have a valid Release of Information located in the client's permanent file; unless otherwise noted as "revoked". The following individuals have been determined by the Case-manager, Admissions Director, the client and the client's family as being appropriate for visitation.

Authorized Visitors

Name:	Relation:	Date Added: (Staff Must Initial)	Full Release of Info.	Visitation Only	Revoked (staff must initial and date)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Contact

The following individuals have been determined by the Case-manager, Admissions Director, the client and the client's family as being detrimental to the client's progress in treatment and therefore No Contact is allowed during treatment. There may or may not be a valid release of information for the people listed below.

No Contact

Name:	Reason	Conditions or Exceptions?:	Release of Information?	
			yes <input type="checkbox"/>	No <input type="checkbox"/>
			yes <input type="checkbox"/>	No <input type="checkbox"/>
			yes <input type="checkbox"/>	No <input type="checkbox"/>
			yes <input type="checkbox"/>	No <input type="checkbox"/>
			yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of Client

Date:

Signature of Parent/Guardian

Date:

Signature of Staff

Date: