

**RELEASE OF INFORMATION
RESIDENTIAL IN-TAKE
RIMROCK TRAILS ADOLESCENT TREATMENT**

**NAME-ADDRESS-PHONE # Of Those That Full Information regarding client is to be released to:
IE: Juvenile Departments, Doctors, Mental Health Department, Counselors with past or current
involvement with client, referral agency and parents**

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NAMES-ADDRESS- OF FAMILY MEMBERS ONLY- FOR VISITATION

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**PLEASE USE 2ND PAGE IF NECESSARY
FAX# 541-447-2616**