

Presbyterian Hospitality House

209 Forty Mile Avenue, Suite 100
Fairbanks, Alaska 99701

Exchange of Information

Resident's Name _____ Date of Birth _____

I (We) hereby consent for the agencies and individuals indicated by initials below to exchange all confidential records and information regarding the above named person with Presbyterian Hospitality House.

Initials Agency / Individual's Name

- _____ AK Court System
- _____ AK Division of Juvenile Justice
- _____ AK Psychiatric Institute
- _____ AK Public Defender Agency
- _____ Chief Andrew Isaac Health Center
- _____ Fairbanks Clinic
- _____ Fairbanks Community Behavioral Health Center
- _____ Fairbanks Counseling and Adoption
- _____ Fairbanks Resource Center for Parents and Children
- _____ Fairbanks Memorial Hospital
- _____ Fairbanks Native Association Programs
- _____ Fairbanks North Star Borough School District
- _____ Fairbanks Psychiatric and Neurological Clinic
- _____ Fairbanks Regional Center for Alcohol and Other Addictions
- _____ Office of Children's Services
- _____ Office of Public Advocacy
- _____ Tanana Chiefs Conference
- _____ Tanana Valley Clinic
- _____ _____ School District
- _____ _____ Foster Parents
- _____ _____ Natural Parents
- _____ _____ Counselor or Therapist
- _____ _____ Other
- _____ All of the above preprinted specific agencies and professionals within those agencies.

Signature and Title _____ Date

Signature (Witness) _____ Date