



Onward Transitions
 PO Box 238
 Portland, ME 04104
 207-203-1142

State law allows for identification to be released without consent under special circumstances such as emergency health or safety, imminent danger to self or others or by court order. Please see the Right of Recipients of Mental Health Services for further information

ONWARD TRANSITIONS RELEASE OF INFORMATION

Name _____ Date of birth _____

With whom may Onward Transitions exchange information about you?

Name _____ Relationship _____

Address _____

Phone _____ Email _____

Specific Information to be shared: (check all that apply)

Clinical Information Educational information

Medical Information Treatment Plan

Academic Records Other

For the specific purpose(s) of:

Admissions Treatment Planning

Academic Planning Medical Planning

Medication Management Discharge Planning

Other

This Release will expire on _____ (not to exceed 6 months)

Signature _____ Date _____

Please return to tracy@onwardtransitions.com or fax to 207-221-6183

