



# COLLABORATION CONSENT FORM

Youth Name \_\_\_\_\_

DOB \_\_\_\_\_

Multi-Agency Alliance for Children, Inc  
100 Edgewood Ave., Suite 810  
Atlanta, GA 30303  
Tel: (404) 880-9323 Fax: (404) 880-9325

**Guardian/Custodian:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone and Fax: \_\_\_\_\_

I understand my youth is being served in a network of providers. The following agencies are member and *affiliate* member agencies:

- CHRIS Kids
- Creative Community Services
- Elks Aidmore Children’s Center
- Georgia Baptist Children’s Homes
- Twin Cedars Youth Services
- The Bridge
- *Devereux*
- *Hillside*

This document serves as an open communication release for all network agency representatives to exchange information regarding youth’s progress and placement. I understand that this information may be sent via fax machine or electronic transmission.

All information I authorize to be obtained from the releasing person/institution will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect until discharge from the MAAC continuum.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

I withdraw my consent to the release of information

\_\_\_\_\_  
Signature and date