

AUTHORIZATION

I, _____, hereby authorize Court Appointed Special Advocates of New Hampshire, Inc. ("CASA") to speak with the following named professional in connection with my:

_____ mental health treatment _____ medical care

_____ substance abuse treatment _____ home-based counseling

_____ other (_____)

Name	Organization
------	--------------

I also authorize the release of the following record(s) to CASA:

_____ mental health evaluation(s) _____ home-based counseling

_____ substance abuse evaluation(s) _____ other (_____)

The above-noted authorizations are intended to include “protected health information”, and are for the limited purposes of assisting the CASA Guardian ad Litem in making child-based assessments and recommendations to the court.

Signature	Date
-----------	------

Street Address

City, State, Zip Code