



Behavioral Health &
Developmental Services
Sara Stenger
Administrator III

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WESTMORELAND COUNTY BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

AUTHORIZATION TO RELEASE INFORMATION

Individual (print): _____ **Date:** _____

I/We, the undersigned, hereby give consent for the exchange and discussion of confidential information to another County Administrative Office or their representative as selected below.

By signing this release, I/We understand that I/We are authorizing a free exchange of information regarding the above individual between the Westmoreland County Behavioral Health and Developmental Services and the parties below in order to assist in the planning and coordination of services. Please check all that apply below:

Check	Name of entity, provider, or organization

COMMENTS

Individual Signature: _____ Date: _____

Family Member/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

11/16/2021