



# Bear Paw Kids Management Authority (KMA) Initial Release of Information Form

Revised 2/28/2007



To: \_\_\_\_\_  
Parent(s)/Guardian(s) Name(s)

\_\_\_\_\_ \_\_\_\_\_  
Living address Mailing address if different

\_\_\_\_\_ \_\_\_\_\_  
City, State, Zip City, State, Zip

From: Andi Everingham  
Bear Paw KMA Project Coordinator  
302 4th Ave, Havre, MT 59501  
406-265-5481 x 266

We request your permission to release personally identifiable information, including but not limited to the education records, psychological reports, psychiatric reports, medical information, counseling data, state agency records and juvenile records of your child, \_\_\_\_\_ , for the purpose of planning and coordinating effective services among providers and agencies. KMA care coordination services will not be provided without this signed release. Prior to any service plan being implemented, parental consent and participation will be required.

Only essential information necessary to effectively coordinate services for this child will be exchanged. All information will be kept confidential. This release can be revoked in writing at any time except as provided by Montana Law (ie mandatory reporting of child abuse).

Parent/Guardian Printed Name	Parent/Guardian Printed Name
Parent/Guardian Signature	Parent/Guardian Signature
Witness Name	Witness Signature
Date signed	Expiration Date (not to exceed one year)