

RELEASE OF INFORMATION

All matters concerning member records at the Community Wellness Court are considered Privileged and confidential, and are treated as such by the employees of the division. Information regarding such matters cannot be given without the consent of the Child/Family.

This authorization grants the Community Wellness Court permission to:

\_\_\_\_\_ Receive Information

\_\_\_\_\_ Release information

To / From: \_\_\_\_\_

As may be necessary in the assessment and /or treatment of:

Name of Child; \_\_\_\_\_

The specific information to be released/received includes the following: (Check All That Apply).

Medical Records		Educational Records	
Substance Abuse Records		Mental Health Records	
Sacred Child Project		Psychological Testing	
Psychiatric Evaluation		Other (explain)	

The purpose of this release is: \_\_\_\_\_

\_\_\_\_\_

This content is to release information may be revoked by me at any time except to the extent that action has already been taken, based upon the original authorization.

Unless revoked, this consent will expire: \_\_\_\_\_

(List condition, event, or date of expiration.)

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_