	_ COUNTY DEPARTMENT OF HUMAN SERVICES
Address: Telephone Number: _	
A VEWODAY A TRONG FOR A	PART 1 OF 5:

<u>AUTHORIZATION FOR PERSONS, AGENCIES, AND INSTITUTIONS</u> TO RELEASE INFORMATION TO COUNTY DEPARTMENT OF HUMAN SERVICES

IO RELEASE	LINFORMATION TO COUNT	Y DEPARTMENT OF HUMAN SERVICES		
Printed Name:		Date of Birth:		
application for/receip	County Department of of social services. I permit are records pertaining to me in the set the following persons, agencia	tutions to supply the following information to the Human Services (County DHS) concerning my authorized representative of the County DHS to e possession of the following persons, agencies, or es, and institutions from any and all liability for Type of Information the Listed Persons ,		
Addresses of Persons, Agencies, and Institutions	Institution	Agencies and Institutions May Disclose to the County DHS		
	□ Domestic violence □ Medical □ Mental health/psychiatric/ psychological/psychosexual /psychosocial □ Substance abuse □ Other: □ Domestic violence □ Medical □ Mental health/psychiatric/ psychological/psychosexual /psychosocial □ Substance abuse □ Other: □ Domestic violence □ Medical □ Mental health/psychiatric/ psychological/psychosexual /psychosocial □ Substance abuse □ Other: □ Domestic violence □ Medical □ Mental health/psychiatric/ psychological/psychosexual /psychosocial □ Substance abuse □ Other: □ Domestic violence □ Medical □ Mental health/psychiatric/ psychological/psychosexual /psychosocial □ Substance abuse □ Other: □ Domestic violence □ Medical □ Mental health/psychiatric/ psychological/psychosexual /psychosocial □ Substance abuse □ Other:	□ Assessments and evaluations □ HIV records □ Intake summaries □ Treatment plan(s) and goals □ Frequency of treatment □ Treatment progress □ Discharge summaries □ Clinical/psychosocial history □ Educational records, IEPs and/or behavioral reports □ Court orders □ Other court records □ Child Family Investigator (CFI) reports □ Police reports □ Probation department records □ District Attorney records □ Other: □ Other:		

PART 2 of 5: AUTHORIZATION FOR COUNTY DEPARTMENT OF HUMAN SERVICES TO RELEASE INFORMATION TO PERSONS, AGENCIES, OR INSTITUTIONS

I authorize the	County Department of Human Services (County DHS) to supply
information obtained directly from r	me in the course of my application for/receipt of social services to the
following persons, agencies, and/or in	nstitutions. I authorize the County DHS to supply information obtained
from any persons, agencies, or institu	ations that has provided information to the County DHS with my written
consent. I release the County from	any and all liability for supplying information as permitted in this
document.	

Names and	Type of Person, Agency, or	Type of Information the County DHS May
Addresses of	Institution	Disclose to the Listed Persons, Agencies and
Persons, Agencies,		Institutions
and Institutions		
	☐ Domestic violence	☐ Assessments and evaluations
	☐ Medical	☐ HIV records
	☐ Mental health/psychiatric/	☐ Intake summaries
	psychological/psychosexual	☐ Treatment plan(s) and goals
	/psychosocial	☐ Frequency of treatment
	☐ Substance abuse	☐ Treatment progress
	Other:	☐ Discharge summaries
	☐ Domestic violence	Clinical/psychosocial history
	☐ Medical	☐ Educational records, IEPs and/or behavioral
	☐ Mental health/psychiatric/	reports
	psychological/psychosexual	☐ Court orders☐ Other court records
	/psychosocial	☐ Child Family Investigator (CFI) reports
	☐ Substance abuse ☐ Other:	☐ Police reports
	☐ Domestic violence	☐ Probation department records
	☐ Medical	☐ District Attorney records
	☐ Mental health/psychiatric/	☐ Other:
	psychological/psychosexual	
	/psychosocial	
	☐ Substance abuse	
	Other:	
	☐ Domestic violence	
	☐ Medical	
	☐ Mental health/psychiatric/	
	psychological/psychosexual	
	/psychosocial	
	☐ Substance abuse	
	☐ Other:	
	☐ Domestic violence	
	☐ Medical	
	☐ Mental health/psychiatric/	
	psychological/psychosexual	
	/psychosocial	
	☐ Substance abuse	
	Other:	
	☐ Domestic violence	
	☐ Medical ☐ Montal health/psychiatria/	
	☐ Mental health/psychiatric/	
	psychological/psychosexual /psychosocial	
	□ Substance abuse	
	Other:	

PART 3 of 5: GENERAL TERMS AND CONDITIONS

<u>Limitation Regarding Use</u>: The above releases of information are for the limited purpose of the County Department's administration of social services.

Effective Dates: The above releases shall be in effect for six (6) months, unless rescinded earlier in writing.

SIGNATURES				
Signature of adult clie Printed legal name of		Middle	Last	
Signature of youth(s)	15 or older whose rec	ords are sought pursuant to thi	s release:	
Printed Legal Name:				
Transco = egus rivassos	First	Middle	Last	
Signature of child's/y representative: Printed Legal Name:	outh's client's parent, First	guardian, legal custodian, or o	ther authorized legal Last	
Effective Date :				
Distribution of Copi	<u>es</u>			
Did the client receive	a copy of this signed	release form? □Yes □No		
Client Initials	indicating receipt of c	opy		

Notice of Rights And Remedies

Signatures

YOU HAVE THE RIGHT TO REVOKE THESE RELEASES AT ANY TIME BY GIVING WRITTEN NOTICE TO THE COUNTY DHS. IF YOU DO NOT REVOKE THESE RELEASES, THEY WILL EXPIRE ON THE FOLLOWING DATE:

(six months from date the client signed this form). BEFORE THIS RELEASE EXPIRES, YOU MAY BE ASKED TO VOLUNTARILY SIGN A NEW ONE. DOING SO WILL EXTEND THIS RELEASE AN ADDITIONAL SIX MONTHS.

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) PROVIDES STUDENTS CERTAIN RIGHTS RELATED TO THE PRIVACY OF, OR ACCESS TO, THEIR EDUCATIONAL RECORDS. STUDENTS MAY VOLUNTARILY CHOOSE TO SIGN THIS RELEASE AUTHORIZING RELEASE OF THEIR EDUCATIONAL RECORDS TO LISTED THIRD PARTIES. PLEASE SEE THE UNITED STATES DEPARTMENT OF EDUCATION WEBSITE AT www.ed.gov/policy/gen/guid/fpco/ferpa/ index.html FOR ADDITIONAL INFORMATION ABOUT FERPA.

SUBSTANCE ABUSE RECORDS ARE PROTECTED BY 42 CODE OF FEDERAL REGULATIONS (C.F.R.) PART 2 CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RECORDS. SUBSTANCE ABUSE RECORDS AND CANNOT BE DISCLOSED WITHOUT YOUR CONSENT, UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS. EXCEPT FOR ANY ACTION ALREADY TAKEN IN RELIANCE UPON THIS RELEASE, YOU MAY RESCIND THIS RELEASE AT ANY TIME.

IF RECORDS AND INFORMATION REGARDING YOUTHS 15 OR OLDER ARE SOUGHT PURSUANT TO THIS RELEASE, THE YOUTH MUST SIGN THIS RELEASE, AS WELL AS A PARENT, GUARDIAN, LEGAL CUSTODIAN, OR OTHER LEGAL REPRESENTATIVE.

PART 5 OF 5: REVOCATION OF RELEASES

f you wish to revoke your releases, sign the below and deliver this signed document to your County DHS
Signature and Date of Revocation of Release
Printed Name of Person Signing Revocation of Release