	_ COUNTY DEPARTMENT OF HUMAN SERVICES
Address:	
Telephone Number:	

## PART 1 OF 5: AUTHORIZATION FOR PERSONS, AGENCIES, AND INSTITUTIONS TO RELEASE INFORMATION TO COUNTY DEPARTMENT OF HUMAN SERVICES

Printed Name:		Date of Birth:
application for/receip	County Department of ot of social services. I permit are records pertaining to me in the se the following persons, agencia	tutions to supply the following information to the Human Services (County DHS) concerning many authorized representative of the County DHS to e possession of the following persons, agencies, of the early and institutions from any and all liability for the Type of Information the <b>Listed Persons</b> ,
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:

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

I authorize the	County Department of Human Services (County DHS) to supply
information obtained directly from n	ne in the course of my application for/receipt of social services to the
following persons, agencies, and/or ir	nstitutions. I authorize the County DHS to supply information obtained
from any persons, agencies, or institu	tions 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 Addresses of Persons, Agencies, and Institutions	Type of Person, Agency, or Institution	Type of Information the County DHS May Disclose to the Listed Persons, Agencies and Institutions
	<ul> <li>□ Domestic violence</li> <li>□ Medical</li> <li>□ Mental health/psychiatric/psychological/psychosexual/psychosocial</li> <li>□ Substance abuse</li> <li>□ Other:</li> <li>□ Domestic violence</li> <li>□ Medical</li> <li>□ Mental health/psychiatric/psychological/psychosexual/psychosocial</li> <li>□ Substance abuse</li> <li>□ Other:</li> <li>□ Domestic violence</li> <li>□ Medical</li> <li>□ Medical</li> <li>□ Mental health/psychiatric/psychosexual/psychosocial</li> <li>□ Domestic violence</li> <li>□ Medical</li> <li>□ Mental health/psychiatric/psychosocial</li> </ul>	☐ 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:
	<ul> <li>□ Mental health/psychiatric/ psychological/psychosexual /psychosocial</li> <li>□ Substance abuse</li> <li>□ Other:</li></ul>	□ Other:
	<ul> <li>□ Domestic violence</li> <li>□ Medical</li> <li>□ Mental health/psychiatric/ psychological/psychosexual /psychosocial</li> <li>□ Substance abuse</li> <li>□ Other:</li> </ul>	
	<ul> <li>□ Domestic violence</li> <li>□ Medical</li> <li>□ Mental health/psychiatric/ psychological/psychosexual /psychosocial</li> <li>□ Substance abuse</li> <li>□ Other:</li> </ul>	
	<ul> <li>□ Domestic violence</li> <li>□ Medical</li> <li>□ Mental health/psychiatric/ psychological/psychosexual /psychosocial</li> <li>□ Substance abuse</li> <li>□ Other:</li> </ul>	

### 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.

Signature of adult clie	ent:			
Printed legal name of	First	Middle	Last	
Signature of youth(s)	15 or older whose rec	cords are sought pursuant to this	s release:	
Printed Legal Name:				
	First	Middle	Last	
representative:		, guardian, legal custodian, or o	ther authorized legal	
Printed Legal Name:	First	Middle	Last	
Effective Date:				
<b>Distribution of Copi</b>	<u>es</u>			
Did the client receive	a copy of this signed	release form? □Yes □No		
Client Initials	indicating receipt of	сору		

#### **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

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