

**CONSENT FOR COORDINATED SERVICES
PROTECTION OF CONFIDENTIALITY
RELEASE OF INFORMATION**

CONSENT:

-I understand that I am an equal partner in determining services for myself, my child(ren) and/or family and I agree to fully participate in the delivery of these services.

-I choose to participate with a service team to help myself/my family. The services, expectations and people involved have been explained to me.

AGENCY PARTICIPATION (may include other organizations/agencies as permitted by state and federal laws):

Department of Workforce Services	Local Mental Health Authority
Department of Human Services	Juvenile Court
Division of Child & Family Services	Schools
Division of Services for People w/ Disabilities	State and Local Health Depts.
Division of Youth Corrections	Youth Services
Division of Mental Health	Family Advocate
Other _____	Other _____
Other _____	Other _____
Other _____	Other _____

Date _____

Consumer/Parent Signature

CONFIDENTIALITY:

-I understand that information about myself or family is protected and considered confidential, subject to certain exceptions, because my privacy and/or my child(ren)'s and our family's privacy is valued and respected.

-I understand that the information will be shared for the purpose of providing a variety of coordinated services to myself/or family, and that representatives from public and private agencies may work together as a team.

-I further understand that my and /or my family's records are protected under the State and Federal regulations, as well as professional codes of ethics governing confidentiality, and cannot be released without my written consent, unless otherwise provided for in the State and Federal regulations.

Date _____

Consumer/Parent Signature

LIMITATIONS:

-I understand that I may consider this request for two weeks before I must respond and before the offered services can be provided to myself and/or my child(ren). I waive my right to two weeks' notice and give permission for the team to provide services without delay. Yes _____ No _____

Sign

Sign

-I understand that if I receive alcohol and/or substance abuse services, my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. (See attached Addendum)

Consumer/Parent Signature

-I understand that this document is in effect for one (1) year from the date of my signature and may be renewed annually. I also understand that I may end my participation with these services or programs at any time by written notification. (See box below)

List self or all family members. Relationship Print full legal name and list referred person first:	Date of Birth	Social Security #	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELEASE OF INFORMATION:

I give permission to release information needed to meet the treatment and service needs of myself and/or my child(ren) and/or family.

Signature of Consumer/Parent/Legal Guardian (Relationship)	Date	Witness/Agency
Signature of Parent/Legal Guardian (Relationship)	Date	Witness/Agency
Other	Date	Witness/Agency
Renewal	Date	Witness/Agency
Renewal	Date	Witness/Agency

OPTIONAL:

The above mentioned family members require treatment or services from a number of agencies and providers to meet their medical, social, educational, and other needs. There is a reasonable indication that the above mentioned child(ren) will access needed treatment or services only if assisted by a qualified targeted case manager who locates, coordinates, and regularly monitors the services in accordance with an individualized case management service plan. I have chosen targeted case management services and _____ (the Targeted Case Manager) has been assigned for the individual(s) listed. Worker's Name

I hereby withdraw and revoke my voluntary participation, consent for coordinated services and release of information for myself and/or my children, contingent on notification of all partners within 30 days of this date.

Parent Signature	Date	Witness/Agency
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Copies of this release may be distributed to participating agencies and each copy shall be considered an original release of information.