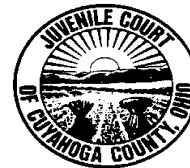


Cuyahoga County Court of Common Pleas Juvenile Court Division



AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose of Form and Uses of Information: This authorization allows the noted systems and providers to share information about the child named below. Information will be used to provide assessment and/or treatment services for the youth.

PLEASE PRINT CLEARLY

Child's Name		Date of Birth (mm/dd/yyyy)
Address:		Home Telephone number
City	State/Zip	Cell Phone number
Court Staff Assigned		Court Staff Contact Number

✓ the EXC box to consent to 2-way sharing OR
 Write (DIS) in the EXC box if only disclosing information OR
 Write (REC) if only receiving information.
 Identify the child's school/district and any other systems or private providers whose information might help to provide better services.

EXC	
	Cuyahoga County Juvenile Court
	Applewood Centers, Inc.
	Beech Brook
	Bellefaire JCB
	Catholic Charities Corporation
	Cuyahoga County Division of Children & Family Services (CCDCFS)
	Cuyahoga County Board of Developmental Disabilities
	Cuyahoga County Family Centered Support Services (Tapestry System of Care)
	OhioGuidestone
	Murtis Taylor
	PEP Connections
	Other (Please specify)
	Other (Please specify)
	Other (Please specify)
	Other (Please specify)
	Other (Please specify)
	School/School District

Information to Be Exchanged: *(Initial all that apply)*

- _____ Identifying Information: *(Name, birth date, sex, race, address, telephone number)*
- _____ Social Security Number, UCI number if any *(for Medicaid purposes)*
- _____ Education Records, per 34 CFR Part 99
- _____ Mental Health Records: Personal/social history, Psychological/Psychiatric Assessments, Evaluations, Treatment & Service History
- _____ Juvenile Court records
- _____ Medical Records – records of health care providers related to general health *Except HIV, AIDs and drug and alcohol treatment)*
- _____ AIDS/HIV diagnoses, tests and other communicable diseases, as permitted by state and federal law
- _____ Alcohol and/or Drug Abuse Treatment records as permitted by state and federal law *(42 CFR Part 2)*
- _____ Financial Information necessary to establish eligibility for public assistance. *(This may include pay stubs, W-2 and tax return information, and other general financial information.)*

Cuyahoga County Court of Common Pleas Juvenile Court Division



AUTHORIZATION

- I authorize the checked systems and providers to exchange/disclose/receive the initialed information about the child identified above for the reasons noted.
- I understand that signing or refusing to sign this consent will not affect public benefits or services for which the child or I are eligible, unless otherwise required by law.
- Expiration:** I understand that this authorization will expire in 12 months, **unless I limit the time frame or cancel this authorization in writing** _____

Initials

Or I choose to limit the time frame to the following date: _____.

- I understand that canceling this authorization does not apply to any information already shared in reliance on this authorization

Printed Name: Parent/Legal Guardian

Signature

Date

Printed Name: Child/Youth (if 12 years of age or over)

Signature

Date

Printed Name: Witness/Agency/System

Signature

Date

Information used or disclosed may be subject to redisclosure and may no longer be protected under federal law.

TO ALL AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED UNDER THIS AUTHORIZATION

- If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

**PROHIBITION
ON REDISCLOSURE OF INFORMATION CONCERNING CLIENTS IN ALCOHOL OR DRUG ABUSE TREATMENT.**

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 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

- HIV RECORDS:** If the records released include information of an HIV-related diagnosis or test results, the following statement applies: This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnoses.
- ALL RECORDS:** The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release is prohibited unless expressly permitted by the person to whom it pertains, by Juvenile Court/DYS in the case of youth records, or under applicable federal and/or state law.

CANCELLATION

I, the parent/legal guardian named above, wish to cancel this authorization effective as of this date: _____.

Signature of Parent/ Guardian: _____ Witness Initial _____