



# Caring Family Community Services

3510 US Hwy, Suite 201

Howell, NJ 07731

Phone (732)730-8088

## Authorization to Release Information

Child's Name \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), hereby authorize Caring Family Community Services (AKA, Caring Family Mentors) to release/obtain information contained in my child's records to and/or from the following individual(s) and/or organization(s), and only under the conditions listed below.

Name of person(s) or agency (ies) to use, disclose or exchange information:

Therapist \_\_\_\_\_

Other (specify) \_\_\_\_\_

Care Management Organization (CMO)

Youth Case Management

Division of Youth and Family Services (DYFS)

Other (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Mobile Response and Stabilization System

Contracted Systems Administrator (ValueOptions)

Children's Crisis Intervention Services (CCIS)

Please identify, by drawing a line through and initialing, any agency (ies) with whom you do not want the information shared.

Specify the type of information to be disclosed exchanged:

\_\_\_\_\_

The purpose and need for such disclosure/exchange (Check all that apply)

☐ Referral

☐ After-Care Planning

☐ Continuity of Treatment

☐ Family/Child Team

☐ Child Study Team

☐ Treatment Team

Other (Please Specify) \_\_\_\_\_

This consent is subject to revocation at any time and will automatically terminate in one year.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Child's Signature (14&up)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Participants are required to adhere to the following confidentiality and release of information requirements: records are protected under both Federal (42 CFR P 2) and HIPAA (42 U.S.C. 1301 et seq., 45 CFR 160 & 164) and State statutes (N.J.S.A. 30:4-24.3 and 9:6-8.10a) and regulations (N.J.A.C. 10:37-6.13 through 10:37-1363 et seq.) and NJDHS Administrative Order 2:01. This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2.). The Federal rules prohibit you from making 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 42CFR 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 consumers.