



Hedger & Walter, LLP

RELEASE OF INFORMATION: Exchange of Information

AUTHORIZATION FOR RELEASE OF INFORMATION

This is a required form which must be signed by participants after consultation with their attorneys. Participants are asked to give their permission for confidential behavioral health information to be shared with their family wellness team and other family participants involved in the Joint Family Wellness Court (JFWC). Participants are further requested to give permission for the JFWC team to access, use, or discuss the child's educational records.

Parent's Name: _____

Case Number: _____

Date of Birth: _____

Social Security Number: _____

Name and Date of Birth of Child(ren):

Purpose and Type of Information About Me

- (1) ___ I understand that the people and agencies listed below need my protected health information to help me and my family.
- (2) ___ I understand that the type of information about me that will be shared is:
- (a) mental health history;

- (b) development disabilities;
- (c) alcohol/drug use history;
- (d) drug and alcohol test results;
- (e) progress with treatment plans; and
- (f) barriers to successful completion of treatment plans.

- (3) ___ I understand that the reason the people and agencies listed below will share this information is to:
- (a) identify my treatment needs
 - (b) match my treatment needs with appropriate treatment programs;
 - (c) coordinate my care;
 - (d) discuss attendance and progress in treatment;
 - (e) adjust treatment services based on the feedback from me and my family wellness team members;
 - (f) achieve improved health outcomes and more effective care for me and my family; and
 - (g) meet reporting requirements.
- (4) ___ I am the child(ren)'s parent listed above and my right to make educational decisions for the child(ren) has not been limited or terminated by the court.

My Rights

- (1) ___ I understand that my protected health information is confidential under federal law. 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164, govern the confidentiality of behavioral health information (mental health and substance use disorder information).
- (2) ___ I understand and agree that I can refuse to sign this authorization.
- (3) ___ I voluntarily agree to the disclosure of my health information.
- (4) ___ I understand that the individuals listed below and those who work with them may re-disclose my information only in connection with their official duties as related to the JFWC.
- (5) ___ I understand that my consent will remain in effect until my involvement with the JFWC has ended.
- (6) ___ I understand that I have the right to withdraw my consent at any time, by sending a signed notice stopping this authorization to _____ at _____.
The authorization will cease on the date my valid revocation request is received. However, if I revoke my consent, my case cannot be heard in the JFWC.
- (7) ___ I have a right to a copy of this authorization.
- (8) ___ I have the right to have a copy of my child(ren)'s educational records which are released.
- (a) I wish to receive a copy of such records: yes ___ no ___.

Consent

- (1) I, _____, authorize the following individuals and their agencies to exchange information with each other:
- (a) Judges who preside over the Joint Family Wellness Court.
 - (b) Family wellness case managers and clinicians including _____ and _____.
 - (c) Substance use (abuse) treatment employees including _____, group leaders, and individual counselors;
 - (d) Mental health treatment employees including _____, group leaders, and individual counselors;
 - (e) My medical care providers _____;
 - (f) Other family wellness team members, including County Office of Education; Court Appointed Special Advocates of Del Norte County; First Five of Del Norte County; Healthy Moms; K'ima:w Medical Center; Native American Family Services; Open Door Clinic; Red Deer Consulting; Two Feathers Native American Family Services; Redwood Toxicology Laboratory; Remi Vista Inc.; and United Indian Health Services; and _____.
- (2) I, _____, authorize verbal and written (including email and fax) communication with the persons and agencies listed above.
- (3) I, _____, agree to permit disclosure of my confidential information to fellow JFWC participants, because I understand that hearings are held with other JFWC participants and their families.
- (4) Under the Family Educational Rights and Privacy Act of 1974 (FERPA) and California state law, I authorize any school district, district, county office of education, or individual or entity maintaining my child(ren)'s records to release these educational records to and discuss them with the JFWC family wellness team. These records include but are not limited to attendance, academic, individualized education program (IEP), medical, social, psychological, disciplinary, developmental, speech/language, and achievement-test records.

SIGNATURE OF PARTICIPANT

Date _____

Signature of Witness

Date _____

Source: Agreement drafted by author for a joint-jurisdictional family treatment/wellness court.