

REQUEST FOR AUTHORIZATION TO RELEASE INFORMATION

PROVIDER AGENCY NAME:
REQUEST MADE BY:

To be completed by Minor's Mental Health Service Provider:

Instructions:

- Complete all items on this form. You must contact the Child Welfare Worker ("CWW") and make attempts to contact the parent(s)/guardian. If there are two parents you must make reasonable attempts to contact both of them.
- Complete your agency's standard Release of Confidential Information form that is used to obtain authority or consent for disclosure of confidential health information and attach it to this request.
- Send this request and your agency's Release of Confidential Information form to the child's attorney in the juvenile court proceedings.

1. Child's Name: _____ DOB: _____

2. The Authorization for Disclosure of health information is in the interest and welfare of the child because:

3. CWW: _____ CWW Phone #: _____

Date CWW Notified: _____ CWW Response: (circle one) AGREE DISAGREE

4. The child was informed about this request.

- The child was told about this request and the child's response was AGREEABLE NOT AGREEABLE
- The child was not told about this request

If the child did not agree with the request to release information, or was not told about the release please explain why the information should be released and why the youth was not informed.

5. I declare under penalty of perjury that: (check and complete for each parent or guardian)

- The parent(s)/guardian of the child is unavailable or incapable of authorizing the release of information, and I have made reasonable efforts to contact the parent(s).

Parent/Guardian's Name: _____

First Attempt Date Contacted:	Method of Contact:	Response:
Second Attempt Date Contacted:	Method of Contact:	Response:
Third Attempt Date Contacted:	Method of Contact:	Response:

Parent/Guardian's Name: _____

First Attempt Date Contacted:	Method of Contact:	Response:
Second Attempt Date Contacted:	Method of Contact:	Response:
Third Attempt Date Contacted:	Method of Contact:	Response:

- The parent of the child is not willing to authorize the release of information for the child.

Name of Parent: _____
Date Contacted: _____
Response: _____

Date: _____ Print Name of Person Completing Form: _____

Relation to the Child: _____ Signature: _____

To be completed by Child's Attorney:

- I am not opposed to this Request for Authorization to Release Information, and release of confidential information concerning the child is authorized pursuant to the court order dated _____ (copy of Court Order is attached).
- I am not opposed to this Request for Authorization to Release Information if it is limited as follows:

and am attaching the court order dated, _____, to authorize only the release of information as specified above.
- I am opposed to this Request for Authorization to Release Information and release of confidential information to _____ is NOT authorized.

Date: _____ Name of Child's Attorney: _____

Child's Attorney's Signature: _____