

Case No: 4

### AUTHORIZATION/INFORMATION RELEASE

I, \_\_\_\_\_, am the parent of a child subject to the jurisdiction of this Court in a dependency matter. I authorize the release to the **Circuit Court of the Fifteenth Judicial Circuit in and for Palm Beach County and The State of Florida Department of Children and Families and its contracted agencies and ALL PARTIES including the attorneys for all parties and the Guardian Ad Litem Program, Office of Criminal Conflict and Civil Regional Counsel, Foster Children's Project, Juvenile Advocacy Project, Legal Aid Society of Palm Beach County and \_\_\_\_\_** as indicated below:

**SPECIFIC AUTHORIZATION:** I specifically authorize the release of information regarding the following conditions:

1. **Alcohol / Drug abuse information** – I understand that my chemical dependency records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
2. **Psychosocial / Psychiatric information-** I understand that mental health records are protected by Federal regulation, 42 CFR, Part 2. Release of such records requires specific consent (excludes psychotherapy notes which require separate release).

3. **Other:** \_\_\_\_\_

#### 4. INFORMATION REQUESTED:

- a. Complete Copy of Medical Record
- b. History & Physical Exam
- c. Discharge Summary
- d. Treatment Plan
- e. Admitting Psychiatric Assessment
- f. Emergency Department Record
- g. Laboratory Reports
- h. Physician's Orders & Progress Notes
- i. Nurses' Notes
- j. Therapy Notes & Dictation
- k. Psychological Evaluation (Excludes Psychotherapy Notes)
- l. Neuropsych./Psych.Test&Evals (Not Raw Data or Psychotherapy Notes)
- m. Substance Abuse Assessment
- n. Substance Abuse Treatment/Progress Notes/Diagnosis/Prognosis
- o. Substance Abuse Testing Reports

p. Other: \_\_\_\_\_

5. Please be advised that certain records under the law, Florida Statute 394.459, 397.501, 490.0095 and 90.503 and Federal Regulation 45 C.F.R. parts 160, 162 and 164 and Federal Regulation 42 C.F.R. parts 2, protects these records. Treatment facilities are allowed, under those statutes and regulations, to release or exchange information from such records (1) based upon a signed

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authorization form; (2) upon receipt of a court order signed by a judge; (3) in the event of a valid emergency; (4) about a crime committed by the person served either by the provider or against any person who works for the provider or about any threat to commit such a crime; (5) suspected abuse, neglect or domestic violence; or (6) upon receipt of a request that may be governed by other Florida Statutes such as Workers Compensation.

**I understand that I may revoke this consent to release of information to ALL PARTIES and their attorneys at any time; however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization in writing prior to such time, this authorization to release information shall expire when the Court orders Termination of Supervision or Termination of Parental Rights**

or \_\_\_\_\_  
(Other date, event, condition or expiration)

I understand that I have a right to receive a copy of this authorization upon request. By signing this agreement, I acknowledge that I have carefully read, understand and agree to the above terms and conditions.

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Attorney for Parent                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature                      Date

\_\_\_\_\_  
Print Name