CASA
Court Appointed Special Advocates
FOR CHILDREN
CAPITAL CITY CASA

CONSENT TO OBTAIN INFORMATION

Client Name: _____

Client Date of Birth: _____

I, (client/parent/guardian_____, authorize the Court Appointed Special Advocate (CASA) Program and the CASA, _____, to obtain health-related information from:

_____

(Name or title of Individual or Organization)
(Provide at least one of the following where release should be sent: address, phone number, fax number or email address)

The information requested includes:

- ☐ Duration and or Summary of Program Involvement
- ☐ Discharge Information
- ☐ Social/Psycho-Social Information
- ☐ Medical history/Physical Exam/Lab results
- ☐ Dental records
- ☐ Drug use history
- ☐ Drug analysis testing results
- ☐ Evaluation, Assessment, Recommendations and Treatment Plan
- ☐ Psychiatric records, medication management and other psychiatric services provided
- ☐ Psychological records, testing results and services provided
- ☐ Other (identify): _____

The purpose for this request for information is to:

- ☐ Determine parent involvement in their own treatment and services
- ☐ Facilitate significant other involvement in client treatment
- ☐ Obtain corroboration/verification of client's reported history and behavior
- ☐ Facilitate legal representation regarding _____
  (Names of children adjudicated CINA)

SECTION II. SPECIAL RELEASE

I specifically authorize the release of:

☐ Mental Health records	Initial _____
☐ Substance Abuse records	Initial _____
☐ HIV/AIDS information	Initial _____

Federal and/or State law specifically require that any disclosure or REDISCLOSURE of substance abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement:

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 in NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

If mental health information is being disclosed, I acknowledge receipt of a copy of this Authorization.

I, (client/parent/guardian)_____, allow the Court Appointed Special Advocate Program to obtain the above health-related information and use the information in reports to the Court and to facilitate my program involvement. I may revoke this consent at any time by supplying a written request to revoke (except where actions have already been taken on the basis of this consent). If I do not revoke this consent, this document will be null and void upon dismissal of Juvenile Court or one year from the date of signature.

_____ _____

Signature of Client or Parent/Guardian of Minor Client Date

_____ _____

Printed Name Relationship to Client

_____ _____

Witness Signature Date