

CONSENT TO RELEASE/EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I am authorizing the agencies I designate below to exchange certain information pertaining to my child ("youth") so they may work together more effectively to provide or coordinate services or benefits.

I, _____ am signing this form for
Full Printed Name of Consenting Parent/Guardian

Name of Youth

Date of Birth

Address

My relationship to this youth is:

____ Parent ____ Guardian ____ Other Legally Authorized Representative: _____

I request that the following confidential information about the youth be released/exchanged as necessary to provide services for the youth and family.

Choose Yes or No.

Screening & Assessment information

Social History

Financial information

Medical Diagnosis

Mental Health Diagnosis Discharge/

Education Records

Medical Records

Treatment Summary

Employment Records

Benefits/Services needed, planned and or received

Other information _____

I give permission for (name of staff contact person, referring agency, and address): _____

and the following agencies to **EXCHANGE** this information:

____ Loudoun County Public Schools (LCPS) ____ CSA Offices/Teams (FAPT/CPMT) ____ Juvenile Court Service Unit

____ Department of Family Services ____ Department of Parks, Recreation, & Community Services

____ Health Department ____ Loudoun County Sheriff's Office (LCSO) ____ Leesburg Police Department

____ Mental Health, Substance Abuse, and Developmental Services (MHSADS)

____ Other/Provider(s): _____

I give permission for this information to be released/exchanged **ONLY** for the following purposes:

(Check ALL that apply):

____ Service Referrals/Coordination/Treatment Planning ____ Eligibility Determination

____ Evaluating outcomes or impact of services ____ Discharge Planning

Other (Write in): _____

I give permission for this information to be shared in the following manner (**Check all that apply**):

_____ In writing _____ Verbally in meetings/by phone _____ Email

I give permission for information to be shared as it is received after the date this consent is signed: _____ Yes _____ No

This consent is good until: _____ (maximum of one year from signing). I can withdraw this consent at any time by notifying the referring agency. This will require the listed agencies to stop sharing information after they know my consent has been withdrawn. I have the right to know what information about my child has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared, and I will have to contact each agency individually to give them information about my child that they need.

TO RELEASE/EXCHANGE INFORMATION:

Signature _____ Date: _____
Consenting Parent/Guardian

Signature _____ Date: _____
Consenting Youth

Person Explaining Form: Name _____ Title _____ Phone Number _____
