AUTHORIZATION FOR RELEASE OF INFORMATION
Stark County Service Coordination
Stark County Service Review Collaborative (SRC)

Revision Date: 10/24/12

PLEASE, Print Information

Child's Name: ____ **Date of Birth: ____________________**

Legal Guardian:____

I, _______________________________________, authorized the representatives of the SRC/SC:

- ** Stark County Mental Health & Recovery Services Board
- ** Stark County Family Court
- ** Stark County Department of Job and Family Services
- ** Stark County Educational Service Center
- ** Stark County Board of DD
- ** Stark County Family Council
- ** Family Representative
- ** Community WrapAround Representative

To share during the course of the SCC/SRC meeting(s), information from the Service Coordination Referral packet and other clinical documents as necessary.

I, ____________________________________, understand that as part of the SC/SRC process, information will be shared by representatives of the SCESC and ____________________ district representatives for the coordination of care of my child.

☐ I decline permission to share information with or to have information provided by school personnel for purposes of coordination of care. __________ Initial

If the Service Coordination Committee accepts the youth for out-of-county placement, multi-system wraparound planning, or flexible funding services, service and clinical information/documentation will be provided to SCC and its designated SRC participants as deemed necessary.

I understand and acknowledge that this authorization extends to all or any parts of the record designated above, which may include treatment for mental illness, and/or alcohol/drug abuse/dependency, and/or AIDS/HIV.

I understand that this information will be released only to the participating agency representatives and that any information released to such representatives may not be further disclosed or shared with any person(s)/organization(s) specifically listed on this form without my written, prior authorization, unless:

- Required to do so by federal and/or state law or regulation
- Unless an emergency exists
- Unless permitted by this or other policies of the Stark County Family Council, or
- Unless the information has been sufficiently de-identified that the recipient would be unable to link the information to the client.

I understand that these records are protected by state and/or federal confidentiality regulations and cannot be disclosed without my written consent, unless provided for in the regulations.

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

THIS INFORMATION SHALL BE USED/DISCLOSED FOR THE PURPOSE OF: SERVICE COORDINATION/REVIEW

1. This authorization will remain effective for 180 days, expiring on _________________, unless an earlier date or condition/event is specified here ____________________________________. This consent is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it
2. However, I understand that I *HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION, IN WRITING*, by providing written notification to Dan Gichevski, Executive Director, Stark County Family Council, 6057 Strip Avenue NW, North Canton, OH 44720.
3. I understand that I have the right to refuse to sign this authorization; however, should I refuse to sign the authorization, the above youth will not be eligible for financial assistance from the Stark County Service Coordination Committee.
4. I have the right to inspect or copy the protected health information to be used or disclosed as permitted under law.

I have read or have had this document read to me and I understand its content.

____ ________________________ ________________

Signature of Parent/Guardian Relationship Date

____ ________________________

Youth Date

____ ________________________

Witness Date