

**COMMITTEE AND FAMILY TEAM
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

The Committee and Family Team are granted permission to discuss and exchange information with regard to the treatment of:

_____ Consumer's Full Name

_____ Date of Birth

If the team agrees to present a request to the Committee, The **Team Leader** _____ has my consent to exchange and discuss the information found in the Complete Care Management Assessment including all summaries and family completed forms with the following members of the Care Management Committee:

- Marsha Coleman or Designee: Richland County Children Services Board
- Lisa Benson or Designee: Richland County Juvenile Court
- Sherry Branham or Designee: Richland County Mental Health & Recovery Services Board
- Michelle Giess or Designee: Richland Newhope
- Mary Kay Pierce or Designee: National Alliance on Mental Illness
- Designee: Mansfield City Schools
- Amy Bings or Designee: Mid-Ohio Educational Service Center
- Teresa Alt or Designee: Richland County Youth and Family Council
- Jone Watson or Designee: Richland County Job and Family Services

Other/School System: School Name: _____

Other Mental Health Provider: Agency Name: _____

Alcohol and Drug Treatment Agency: Agency Name: _____

Family Advocate: Name _____

For the purpose of qualification and use of FCSS FY17 Funds.

This authorization shall expire on:_____. Not to exceed one year from the date of authorization.

I understand that the above listed information is protected by Federal and Ohio law governing confidentiality rules and cannot be re-disclosed without my written permission. However, I also understand that if I have given permission for disclosure to persons who are not required by Federal or State law to keep the information confidential, these persons may disclose my protected health information without getting my authorization prior to disclosure.

If this information to be disclosed includes records of diagnosis and/or treatment of drug or alcohol condition: This information has been disclosed to you from records protected by Federal

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confidentiality rules (42 CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person, or guardian of the person, to who it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug patient.

Current and recent historic information regarding the services your child receives, demographic information (such as age, gender, ethnicity, zip code, etc.) and measures of your child's, your own and treatment staffs' assessment of your child's health and or wellbeing, and your satisfaction with the services, will be shared with The Richland County Mental Health and Recovery Services Board, local and regional family and youth advocates (if applicable), The Ohio Department of Mental Health, The Ohio Department of Alcohol and Drug Addiction Services and the Center for Family Research at the Ohio State University for the purposes of treatment delivery, advocacy, payment and evaluation of the effectiveness of aspects of this program in increasing family stability, increasing family satisfaction and decreasing levels of risk for youth and families.

I understand that I am under no obligation to sign this authorization. I further understand that I have a right to a copy of this authorization and to inspect or obtain a copy of any information that will be disclosed because of this authorization.

I attended a team meeting regarding this request and agree with the request.

Yes No

Signature: Consumer/Parent/Guardian _____
Date

Signature: Consumer/Parent/Guardian _____
Date

Signature: Witness _____
Date

I hereby revoke this release of information:

Signature: Consumer/Parent/Guardian _____
Date

**FAX Completed Packet to TERESA ALT: 419-522-4375
Or deliver to Teresa Alt Richland County Youth & Family Council
171 Park Ave. East, Mansfield, OH 44902**