

**M-CAAP: MASOC Child and Adolescent Assessment Protocol
Authorization and Consent for Release of Information**

Individual: _____ DOB: _____ Current Age: _____

I, _____, am the ___legal guardian of this individual or ___the individual and am aged 18 or older, and hereby authorize _____ to obtain information from and/or release information to:

Name: _____

Agency, School, or Organization: _____

Relationship: _____

Address: _____

Phone: (_____) _____ **Fax:** (_____) _____ **Email:** _____

Consent to Obtain and/or Release the Following Information/Records

	<u>Obtain</u>	<u>Release</u>
Treatment Reports, Treatment Summaries, Treatment Plans, and/or Individual Service Plans	_____	_____
Educational Records, Reports, Data, Summaries, and/or Individual Education Program /Plans	_____	_____
Educational/Psychoeducational Testing/Evaluation	_____	_____
Grades, Reports Cards	_____	_____
Psychological Test Results and Evaluations.....	_____	_____
Psychiatric Evaluations	_____	_____
Records of School-based Social, Behavioral, and Emotional Functioning and/or Difficulties/Problems	_____	_____
School Guidance Counseling and/or Therapeutic Counseling Records	_____	_____
Substance Abuse Records, Including Evaluations and Treatment Records.....	_____	_____
Medical Reports and Information that May Contain Information Pertaining to HIV.....	_____	_____
Psychiatric Records, Including Records of Psychiatric Treatment	_____	_____
Medical Reports and Medical Information	_____	_____
Medical Lab Reports	_____	_____
Legal Information	_____	_____
Polygraph Records.....	_____	_____
___ Other: _____		
___ Other: _____		
___ Other: _____		

___ This consent includes verbal communications to provide or exchange information through interview, telephone contacts, and/or exchanges through properly secure electronic means.

The information is to be released for:

___ Assessment ___ Treatment Planning/Recommendations

___ Other: _____

I understand that my consent to release information is voluntary and that these records are protected under Federal Confidentiality regulations (47 CFR, Part 2) and cannot be disclosed without written consent unless otherwise provided for in the regulations.

I understand that this consent to release information is in effect until _____(date), but I may revoke this consent at any time either in writing or verbally, except to the extent that action has been taken in reliance on it (e.g., probation, parole, etc.).

Signature of individual granting consent

Date

Relationship of individual signing consent form to individual being evaluated

Printed Name of witness

Signature of Witness

Date

This authorization for and consent to release confidential information is in compliance with the Health Care Health Insurance Portability and Accountability Act (HIPAA) of 1996