

CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

1. INDIVIDUAL CONFIRMING THE AUTHORIZATION			
Full Legal Name	Social Security No.	Date of Birth	
2. THE USE AND/OR DISCLOSURE AUTHORIZED			
I authorize Portsmouth Court Appointed Special Advocate (CASA			
1 annount court ippointed special introce	Volunteer's Name		
to use, disclose, and/or exchange my protected information received from any state or local agency, department, authority or institution, school, physician, public or private mental health provider, hospital, current and/or previous employer, any Community Services Board, substance abuse treatment provider, and court-referred programs and services. I understand that this disclosure may be verbal and/or written. I give this authorization voluntarily.			
Purpose for disclosures and/or exchanges: To assist in preparing court reports and monitoring the Court Order			
To assist the CASA volunteer in his/her work with other agencies that may be involved with me, and to assist the Court in making decisions regarding my child's case, I authorize the CASA volunteer and/or Portsmouth CASA to re-disclose this information to:			
\underline{X} the Court \underline{X} My child(ren)'s GAL \underline{X}	Dept. of Social Services X M	y attorney	
X Other:			
X I also authorize the CASA volunteer and/or Portsmouth CASA to release to the persons, providers, and agencies, which I have identified above, information known to the CASA volunteer about me and/or my family, which the CASA volunteer and/or Portsmouth CASA decides will help these persons, providers, and agencies in providing services to me and my family.			
I understand that my records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise stated in the laws and regulations.			
2. ENDING AUTHORIZATION AND/OR CHANGING YOUR MIND ADOUT THIS INFORMATION			
3. ENDING AUTHORIZATION AND/OR CHANGING YOUR MIND ABOUT THIS INFORMATION			
I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will. This consent includes information to be placed in my records after execution of this release form as well as past and current records obtained by the CASA volunteer. I also understand that I have the right to revoke this consent at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. The revocation would not include records or information previously disclosed. If not previously revoked, it is my understanding that this consent will expire when CASA is relieved from case.			
Signature Date	Witness Signature	Date	
Print Name	Print Name of Witness		
Signature of Parent/Guardian (in case of minor)	Print Name of Parent/Gu	Print Name of Parent/Guardian (in case of minor)	