



**COUNTY OF ORANGE
CHILD AND FAMILY TEAM (CFT)
CONSENT TO RELEASE INFORMATION**

This form is being completed and signed by *(indicate who is completing this form)*:

Parent/Guardian with legal authority to provide consent on behalf of the child(ren)
Adult CFT participant, whose confidential information will be exchanged among CFT
Non-Minor Dependent (NMD), whose confidential information will be exchanged among CFT
Caregiver (resource parent; relative/NREFM caregiver) *(for Permanent Placement cases only)*

I authorize the release of information concerning the following individual(s) checked below: *(indicate who this form is being completed on behalf of; check all that apply)*

_____	_____
Child's Name/DOB	Child's Name/DOB
_____	_____
Child's Name/DOB	Child's Name/DOB
_____	_____
Self (Name/Relationship to child)	NMD (Name/DOB)

Information is to be shared in confidence between participants in the Child and Family Team for the purpose of providing necessary services and supports to the child(ren)/non-minor dependent (NMD) and family as specified in Welfare & Institutions Code § 16501 (a)(4). Participants in the Child and Family Team with whom information may be exchanged consist of the child/NMD, parent(s)/legal guardian(s), caregiver(s), support persons, service providers, and others, including:

- Department of Education
- Health Care Agency
- Probation
- Regional Center of Orange County
- Social Services Agency (SSA)
- Orange County SSA Contracted Service Providers
- Named CFT Members listed on *Child and Family Team (Plan) (F063-25-806)* attached and incorporated by this reference

Confidential information and records to be shared may include, but are not limited to, medical, mental health, social service, educational, and substance abuse. I understand and agree by my signature below, that the following information regarding my child and/or myself may also be exchanged:

Sexually transmitted diseases (including AIDS and HIV)	_____
	sign/date
Behavioral or mental health services	_____
	sign/date
Alcohol and/or other drug treatment*	_____
	sign/date

*Disclosure of alcohol/drug treatment records: Federal confidentiality rules (42 C.F.R. Part 2) prohibit further disclosure of substance abuse information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by law. The federal rules further restrict any uses of the information to criminally investigate or prosecute any alcohol, or drug abuse patient.

THIS FORM CONTAINS PERSONALLY IDENTIFIABLE INFORMATION (PII). DO NOT SAVE COMPLETED FORM TO ANY COMPUTER UNLESS ON AN AGENCY SECURE DRIVE ESTABLISHED FOR THE PURPOSE OF SAVING DOCUMENTS CONTAINING PII. IF SENDING THIS COMPLETED FORM VIA EMAIL OUTSIDE THE AGENCY, USE THE ESTABLISHED PROCEDURE FOR SECURE EMAILS.

**CHILD AND FAMILY TEAM (CFT)
CONSENT TO RELEASE INFORMATION (Cont'd)**

I understand that information exchanged by the members of the Child and Family Team is confidential, and shall not be disclosed outside of the limited purpose of providing necessary services and supports to the child(ren)/NMD and family except to the Juvenile Court, or as otherwise required by law. If the Child and Family Team determines that the disclosure of information would present a reasonable risk of detriment to the child(ren)/NMD's psychological or physical safety, the information will not be released.

This consent will only be effective during the time that the child(ren)/NMD or family is participating in the Child and Family Team. I may revoke this consent at any time in writing. Revocation will not affect information that has already been used or disclosed.

Note: Pursuant to Welfare and Institutions Code § 5328.03, for children placed in out-of-home care, signature below does not authorize the sharing of the child's mental health information with the parent(s)/legal guardian(s) without order of the Juvenile Court.

Print Name

Relationship to Child/NMD

Signature

Date

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