

**COUNTY DEPARTMENT OF HUMAN SERVICES**

Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

**PART 1 OF 5:**  
**AUTHORIZATION FOR PERSONS, AGENCIES, AND INSTITUTIONS**  
**TO RELEASE INFORMATION TO COUNTY DEPARTMENT OF HUMAN SERVICES**

**Printed Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I authorize the following persons, agencies, or institutions to supply the following information to the \_\_\_\_\_ County Department of Human Services (County DHS) concerning my application for/receipt of social services. I permit any authorized representative of the County DHS to inspect and reproduce records pertaining to me in the possession of the following persons, agencies, or institutions. I release the following persons, agencies, and institutions from any and all liability for supplying such information.

Names and Addresses of Persons, Agencies, and Institutions	Type of Person, Agency, or Institution	Type of Information the <b>Listed Persons, Agencies and Institutions</b> May Disclose to the <b>County DHS</b>
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	<input type="checkbox"/> Assessments and evaluations <input type="checkbox"/> HIV records <input type="checkbox"/> Intake summaries <input type="checkbox"/> Treatment plan(s) and goals <input type="checkbox"/> Frequency of treatment <input type="checkbox"/> Treatment progress <input type="checkbox"/> Discharge summaries
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	<input type="checkbox"/> Clinical/psychosocial history <input type="checkbox"/> Educational records, IEPs and/or behavioral reports <input type="checkbox"/> Court orders <input type="checkbox"/> Other court records <input type="checkbox"/> Child Family Investigator (CFI) reports <input type="checkbox"/> Police reports
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	<input type="checkbox"/> Probation department records <input type="checkbox"/> District Attorney records <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	

**PART 2 of 5:**  
**AUTHORIZATION FOR COUNTY DEPARTMENT OF HUMAN SERVICES TO RELEASE**  
**INFORMATION TO PERSONS, AGENCIES, OR INSTITUTIONS**

I authorize the \_\_\_\_\_ County Department of Human Services (County DHS) to supply information obtained directly from me in the course of my application for/receipt of social services to the following persons, agencies, and/or institutions. I authorize the County DHS to supply information obtained from any persons, agencies, or institutions that has provided information to the County DHS with my written consent. I release the County from any and all liability for supplying information as permitted in this document.

Names and Addresses of Persons, Agencies, and Institutions	Type of Person, Agency, or Institution	Type of Information the County DHS May Disclose to the Listed Persons, Agencies and Institutions
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	<input type="checkbox"/> Assessments and evaluations <input type="checkbox"/> HIV records <input type="checkbox"/> Intake summaries <input type="checkbox"/> Treatment plan(s) and goals <input type="checkbox"/> Frequency of treatment <input type="checkbox"/> Treatment progress <input type="checkbox"/> Discharge summaries <input type="checkbox"/> Clinical/psychosocial history <input type="checkbox"/> Educational records, IEPs and/or behavioral reports <input type="checkbox"/> Court orders <input type="checkbox"/> Other court records <input type="checkbox"/> Child Family Investigator (CFI) reports <input type="checkbox"/> Police reports <input type="checkbox"/> Probation department records <input type="checkbox"/> District Attorney records <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	
	<input type="checkbox"/> Domestic violence <input type="checkbox"/> Medical <input type="checkbox"/> Mental health/psychiatric/psychological/psychosexual/psychosocial <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other:	



**SUBSTANCE ABUSE RECORDS ARE PROTECTED BY 42 CODE OF FEDERAL REGULATIONS (C.F.R.) PART 2 CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RECORDS. SUBSTANCE ABUSE RECORDS AND CANNOT BE DISCLOSED WITHOUT YOUR CONSENT, UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS. EXCEPT FOR ANY ACTION ALREADY TAKEN IN RELIANCE UPON THIS RELEASE, YOU MAY RESCIND THIS RELEASE AT ANY TIME.**

**IF RECORDS AND INFORMATION REGARDING YOUTHS 15 OR OLDER ARE SOUGHT PURSUANT TO THIS RELEASE, THE YOUTH MUST SIGN THIS RELEASE, AS WELL AS A PARENT, GUARDIAN, LEGAL CUSTODIAN, OR OTHER LEGAL REPRESENTATIVE.**

**PART 5 OF 5:**  
**REVOCATION OF RELEASES**

If you wish to revoke your releases, sign the below and deliver this signed document to your County DHS.

\_\_\_\_\_  
Signature and Date of Revocation of Release

\_\_\_\_\_  
Printed Name of Person Signing Revocation of Release