

## FRANKLIN COUNTY FAMILY GROUP DECISION-MAKING CONSENT TO RELEASE CONFIDENTIAL INFORMATION FORM (page 1 of 2)

Name of Consumer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for \_\_\_\_\_, Agency/School(s)/  
Organization to release and/or obtain the following information:

\_\_\_\_\_

\_\_\_\_\_

**To/From the following  
Person(s) or Agencies:**

**Address:**

\_\_\_\_\_ Consumer's Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Consumer's Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Consumer's Initials \_\_\_\_\_ Date \_\_\_\_\_

**To/From my Primary Care Physician:**

**Address:**

\_\_\_\_\_ Consumer's Initials \_\_\_\_\_ Date \_\_\_\_\_

**For the purpose of:**

INITIAL EVALUATION

COURT EVALUATION

CASE CONFERENCE

TREATMENT

EDUCATION PLANNING

OTHER: \_\_\_\_\_

I understand that this information will be shared for the specific purpose of developing a coordinated Service Plan. My Consent is necessary to release/transfer information and this Consent shall only be used to provide treatment and/or services. A photocopy or facsimile of this form may be accepted in lieu of original signed form.

I understand that I may revoke this Consent at any time in writing, except to the extent that action based on this Consent has been taken, by notifying the professional or organization, which was authorized to release information. I understand that upon receipt of revocation, the professional or organization will act in good faith of notifying the above named person(s) or agency(s) within seven (7) business days of my Termination of Consent. This Release of Information will automatically expire in one (1) year from the date of request as specified.

\_\_\_\_\_ Consumer's Initials \_\_\_\_\_ Date \_\_\_\_\_

**FRANKLIN COUNTY FAMILY GROUP DECISION-MAKING  
CONSENT TO RELEASE CONFIDENTIAL INFORMATION FORM** (page 2 of 2)

I do **NOT** want the following information released:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand that I have no obligation to agree to, or sign this Consent, for releasing any information from my records. I understand that I may review, upon my request submitted in writing, information regarding myself and/or my dependents, which I have consented to release.

**My signature indicates that I have read this information or that it has been read and fully explained to me and that I understand its contents. I further acknowledge that I have received a copy of this document.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Consumer

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

The following is to be used for verbal consent by a person physically unable to provide a signature (excluding Drug and Alcohol Information):

**I have had this form read and explained to me. I understand the contents and I freely give my verbal consent.**

Witness #1:

Witness #2:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

This Consent is pursuant to the following Pennsylvania Confidentiality Laws and all information will be utilized only by professional personnel: HIV – Related Information Act, 35 Pa., C.S. Sec. 7601, et seq; Pupil Information, PA Law, Act 63, and/or PA PL 817, and/or Federal Public Law 93-282, FERPA – Family Education Rights – Privacy Act; PA Code, Title 55, Mental Health Chapter 5100 Sec. 31-39; PA Code, Public Welfare, 62 P.S. Sec. 483. General authorization for the release of medical or other information is not sufficient for this purpose. Any information disclosed from Human Services Agency records will be treated in compliance with the Federal Privacy Act (PL 93-575) and the Federal Alcohol & Drug Act (PL 92-282). Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or substance abuse consumer. Federal regulation (42 CFR Part 2) prohibits anyone to whom this information is released from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation.