



CUYAHOGA COUNTY OFFICE OF THE PUBLIC DEFENDER
Chief Public Defender – Mark A. Stanton

I, _____, authorizes
(Print or type full name of client and date of birth)

Cuyahoga County Division of Children and Family Services and its legal representatives to disclose, re-disclose, disseminate and communicate with the Cuyahoga County Public Defender Office and/or his/her representatives.

Purpose or need for information: Court Proceedings.

Specific information to be released: Medical records, mental health records, staffing reports, case plans, semi-annual review reports and any other documents kept or obtained in the regular course of business.

I understand the following about my right to privacy:

- My alcohol and drug abuse patient records are protected under federal regulations governing confidentiality of those records (42 CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- **Revocation:** This release is subject to revocation at any time except to the extent that the program or person who is to make the disclosure has already acted in reliance on it. Unless otherwise revoked, this authorization will expire upon termination of juvenile court proceedings.
- Signing or refusing to sign this release will not affect any services for which I am eligible.
- I can ask that my information not be transmitted electronically by fax or email by initialing below:
_____ **Do not fax my information** _____ **Do not email my information**
I am entitled to a copy of this release.

Client Signature: _____ **Date:** _____

Parent, Guardian, or Authorized Representative: _____

Authority of Representative to Sign for Client: _____

Witness: _____ **Date:** _____

TO AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED RELEASE:

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING
CLIENTS IN ALCOHOL OR DRUG ABUSE TREATMENT:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure is expressly permitted by the written consent of the person whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

2. If the records released include information of an HIV-related diagnosis or test result, the following statement applies: This information has been disclosed to you from confidential records protected by Federal and/or state law. You shall make no further disclosure of this information without the specific, written and informed released of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnosis.