

Permission to Release Health Information

Completing this form gives permission to the CASA program named below to review health information that you choose to be released to them. Please read this entire form before signing.

Full Name: _____
Address: _____
Phone: _____
Email: _____

Other Names: _____
Date of Birth: _____
Relationship to Child/ren: _____

I, _____, authorize _____ (CASA program name), its staff, and the volunteer(s) assigned to my case to obtain my health records as indicated by my choices below. I understand that release of my health information is for the limited purpose of permitting the above CASA program to make oral and written recommendations to the court regarding the best interest of the child, pursuant to the court's order appointing CASA for this purpose.

I give permission to the following person/organization/health service provider to disclose or electronically disclose my protected health information to the above CASA program. Disclosure is limited to the options selected below.

Person/Organization/Service Provider _____
Address _____
Phone _____ Email _____

I permit disclosure of the following information as indicated by the check mark next to my choices:

- All health information
- Physician's orders
- Records & progress notes
- Evaluation/diagnostic & lab reports
- Past/present medications
- Psychological/psychiatric evaluations
- Educational records (Parent/Caregiver)
- Adult probation records
- Criminal records (unless there is an ongoing criminal investigation or prosecution)
- Other _____

I give permission to release the following as indicated by my initials below:

- ____ Mental health records (except psychotherapy notes)
- ____ Drug, alcohol, or substance use records (permission and consent to use these records in legal proceedings between DFPS and the person/parent)

Duration: I understand that this Permission to Release Health Information will remain in effect until the conclusion of CASA’s court appointment or until I revoke this Permission in writing.

Right to Revoke. I understand that I can withdraw this Permission at any time by giving written notice to CASA stating my intent to revoke. I understand revocation applies to disclosures from the effective date of the written revocation forward. I agree and acknowledge that any prior actions of CASA and the disclosing entities in reliance on this release will not be affected.

I have read and understand this form and agree to the use and disclosure of the information as described.

Signature

Date

Revocation or Withdrawal of Permission to Release Information

Date of Revocation or Withdrawal: _____ Time of Revocation or Withdrawal: _____

Person requesting Revocation or Withdrawal:

Printed Name

Signature