

GREENE COUNTY YOUTH BUREAU Pre-PINS PROGRAM

Authorization to Disclose Confidential Information

Please return completed form to:
Carrie W. Vedder Greene County Youth Bureau
411 Main Street, 2nd Floor
Catskill, NY 12414

I, the undersigned, hereby authorize the following agencies to release and exchange the following information regarding: _____.

(Child's name)

- Greene County Department of Social Services
- Greene County Mental Health
- Greene County Probation Department
- Catholic Charities
- Mental Health Association
- Parsons
- _____ School District
- Twin County Recovery Services, Inc.
- _____ (Private Therapist)
- Other _____

- | | |
|--|---|
| <input type="checkbox"/> Current address and phone # | <input type="checkbox"/> Diagnosis, prognosis, treatment plans/status |
| <input type="checkbox"/> Psychological/social assessments | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> DSS assessment, case type/status and grant amount | <input type="checkbox"/> Evaluation results |
| <input type="checkbox"/> Employment records/plan | <input type="checkbox"/> Current employment address and phone# |
| <input type="checkbox"/> School records | <input type="checkbox"/> Medical records |

The purpose of this authorization is to provide ongoing communication between the above agencies, coordinate services and assist your child/family in preventing Probation involvement and/or a PINS petition. The information and/or documents obtained with this consent may be re-disclosed only with my expressed written consent. I have read (have had this read to me) and understand the above and authorize the disclosure of such information as herein contained. I understand that this consent is subject to revocation at any time except that the person or agency, which is to make the disclosure, has already taken action in reliance on it. If not previously revoked, this consent will terminate upon termination of services.

NOTE: CRIMINAL JUSTICE CONSENTS ARE IRREVOCABLE. THEY ARE VALID UNTIL THE DISPOSITION IN QUESTION HAS BEEN TERMINATED. PROBATION CONSENTS MAY NOT BE REVOKED.

I also understand that any disclosure of information and/or documentation is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records and that re-disclosure of this information and/or documentation to a party other than the one(s) designated above is forbidden without additional written authorization on my part.

Signature of Child

Date

Signature of Parent/Guardian

Witness

Date