



CONSENT TO DISCLOSE ALCOHOL AND DRUG TREATMENT INFORMATION

I, _____ give permission to the person(s) and/or organization
 (Please print your name)
 listed below to communicate and release to each other my confidential alcohol and/or drug treatment information for the purposes listed below. The people and organizations listed below cannot share with or re-disclose any confidential treatment information about me to any other individual or organization not listed below without my written permission, except as explained in Appendix A (attached to this form).

Individuals and Organizations allowed to communicate and disclose information to each other:

1. _____
 (Treatment Provider)
2. The Department of Children and Families (the "Department")

Information that can be disclosed:

I give permission to the people and organizations listed above to communicate with and disclose to one another the following information:

- All information related to my treatment from the Treatment Provider whose name appears in #1 above and the Department.

OR

- Only the following information related to my treatment from the Treatment Provider whose name appears in #1 above: (Check all that apply)
- Initial evaluation
 - Date of Admission
 - Assessment
 - Treatment plan, including progress and compliance
 - Attendance
 - Drug Testing
 - Changes in address, household, composition or personal relationships
 - Observations of interaction with children
 - Discharge Plan, including date and status
 - Other: (Specify) _____

- I give permission to DCF to share the following information to the Treatment Provider named above:

Purpose of the Authorization:

- DCF response, assessment, service provision and referral for services
- Other: (Specify) _____

Revocation of Authorization:

I understand that:

- 1. Information about my participation in an alcohol and/or drug treatment program is protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and cannot be revealed to anyone without my written approval unless otherwise allowed in federal regulations.
- 2. I can rescind or change this authorization at any time except to the extent that action has already occurred in reliance on it. I understand that the canceling or change will not apply to information that has already been released in accordance with to this authorization.
- 3. If I revoke this authorization, or change it in any way, I specifically authorize any person or organization named above to notify others individuals and providers, that I have revoked or changed this authorization.

Expiration: This authorization shall expire whichever occurs first: (Check one)

- 12 months from the date of signing, case closing, or otherwise specified date or event
(Specify): _____

Your signature (Adults and Youth age 12+)

Print your name

Date of birth

Date signed

- I have received a copy of this Authorization.
 - I am the person whose records will be used and/or disclosed. I give authorization/permission to use and/or disclose my records as described in this document.
-
- I am the authorized Personal Representative of the person whose records will be used and/or disclosed. My relationship to that person is: _____

Signature of Parent or Parent Representative

Type of Authority (e.g., court appointed, custodial parent)

Date signed

APPENDIX A

In addition to the person(s) and/or organizations that I have authorized to share/disclose information regarding my drug/alcohol treatment I understand that the Department may re-disclose information in the following circumstances:

- Should a Care and Protection proceeding be filed, DCF is required to provide a copy of its entire record to all parties, (or their attorneys), to the Court Investigator and any Guardian Ad Litem (if one is appointed).
- Massachusetts Law requires DCF to report criminal acts against children to the District Attorney's Office and Police. Examples of these required filings are when a child has died, been sexually assaulted or severely injured.
- There are times when DCF's records are required to be brought to a court. Examples of these are criminal cases and Probate and Family Court.
- The Office of the Child Advocate is authorized by statute to have access to certain Department records and has the ability to request and review un-redacted records when they believe it necessary.
- The Department may also provide copies or portions of its records to other state agencies such as the Department of Youth Services, the Department of Elementary and Secondary Education or the Department of Early Education and Care. This is allowed by statute and/or regulations.