

**Council for Union County Families
Authorization for Release/Exchange of Information**

Family Name:	
Child's Name:	DOB:
Child's Name:	DOB:
Child's Name:	DOB:
Child's Name:	DOB:
Primary Agency Name:	Case Manager:

_____, being the Custodial Parent or the Legal Guardian or the Legal Representative of the Public Agency having custody of _____, born _____, a minor child, authorize the Member Agencies of the Council for Union County Families (CUCF) to release necessary records of the above named child(ren)/family to the CUCF, and for the CUCF and its members to discuss the records and the information in the records for the purpose of developing a Coordinated Plan.

- I understand that these records will be entered in an electronic health record.
- I further understand that these records are protected under Federal and State laws governing Confidentiality of Patient, Student, and Client Records, and cannot be disclosed or re-released without my written consent unless otherwise provided for the regulations.
- I hereby release the Council for Union County Families from all legal responsibility or liability that may arise from this authorization.
- I understand that I can revoke the authorization at any time, except to the extent that action has been taken in reliance thereon, by giving written notice to the Council for Union County Families. This authorization (unless expressly revoked earlier) expires itself when services end.

Parent/Guardian	Relationship	Date
Signature of Witness	Date	

**Agencies and Practitioners
Authorized to Release/Exchange Confidential Information**

- Maryhaven
- Union County Juvenile Court and Probation
- Union County Department of Job and Family Services
- Marysville Exempted School District
- North Union Local Schools
- Fairbanks Local Schools
- Jonathan Alder Local Schools
- Board of DD
- OhioGuidestone
- Early Intervention/Help Me Grow
- Marysville Police Department
- Richwood Police Department
- Plain City Police Department
- Union County Sheriff
- The Hope Center
- Department of Youth Services
- Other(s) Please List: _____

NOTICE: 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 of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR part 2. A general authorization for the release of information is not sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice of Cancellation: Date: _____ Time: _____ Type of Cancellation: ___Phone ___ Letter ___In Person ___ Text Signature of person rec. Notice of Cancellation: _____	For Further Information: Jason King, Council Coordinator Council for Union County Families 131 N. Main Street Marysville, Ohio 43040 Phone: 937-738-9800 Email: jason@councilforucfamilies.org
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