

**YORK COUNTY HUMAN SERVICES – FAMILY ENGAGEMENT UNIT
CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP), FAMILY GROUP DECISION MAKING (FGDM),
FAMILY TEAM MEETING (FTM)
INFORMATION RELEASE AND CONSENT FORM**

I hereby authorize York County Human Services Family Engagement Unit and the following organizations, **with whom I am currently working**, to release and receive information. Please list all services that are currently in place (i.e. School, School District, CYF, MH-IDD, SAM, JPO, Attorneys, Counseling Services, Etc.):

Professional's Name	Agency	Phone	Email

from the record of _____
Name Birthdate

Street Address City State Zip

School District School

Any or all of the following information may be exchanged for the purpose of referral/case coordination:

- | | |
|--|-------------------------------------|
| Psychiatric / Psychological reports | Vocational skills assessment |
| Teacher observations / School records | Social History / Family Information |
| Progress Reports | Attendance Data |
| Medical Reports | Report Cards |
| Neurological Reports | Admission / Discharge Reports |
| IQ test scores, aptitude and achievement tests | Behavior Reports |
| Human Services Department Information | |

This release is valid for 12 months from the date of signature and may be revoked by notifying a York CASSP Coordinator in writing or witnessed verbally. **I understand that treatment, payment, enrollment or eligibility for benefits and services is not subject to signing this release. However, I choose to sign this release voluntarily to receive CASSP coordination services. I have read this form carefully and understand what it means.**

Signature of Minor (age 14 and above) Date

Signature of Parent or Guardian Relationship Date

Signature of Witness Date

*** Signature of Witness Date

Verbal release of information (***)requires signature from two witnesses): This section is to be used for consumers who are unable to provide a signature. We have witnessed that the consumer understands the nature of this release and has freely given his/her consent.

In accordance with Pennsylvania Regulations: "This information has been disclosed to you from records whose confidentiality is protected by State Law. State regulations limit your right to make any further disclosure of this information without the prior written consent of the person to whom it pertains."