



TEHAMA COUNTY SYSTEMS OF CARE (Form #2)
Authorization for Interagency Exchange of
Confidential Information in Court Dependency
and/or Court Ward Cases Referrals from the Court

The purpose of this authorization is to allow the gathering of information, develop a plan of comprehensive services, and make referrals for children who are Court Dependents and/or Court Wards and their families.

I hereby give my permission for release and exchange of confidential information regarding:

Client Name: _____ Birth Date: _____

For the purpose of providing, verifying, and coordinating services, place your initials in front of the highlighted departments that provide primary services through the Children's System of Care. Other boxes may be checked and initialed to allow an exchange of information with them as needed.

TEHAMA COUNTY AGENCIES

- HEALTH AGENCY
- ___ [] Mental Health
 - ___ [] Public Health
 - ___ [] Drug & Alcohol
 - ___ [] Early Response Team

- SOCIAL SERVICES
- ___ [] Children's Protective Services
 - ___ [] CalWORKs Employment Service
 - ___ [] Adult Protective Services
 - ___ [] CalWORKs Eligibility Services

- CRIMINAL JUSTICE
- ___ [] Probation Department
 - ___ [] Law Enforcement
 - ___ [] Tehama County Courts
 - ___ [] Parole Agent

- EDUCATION
- ___ [] Department of Education
 - ___ [] Schools (former, current, future) _____
 - ___ [] Healthy Start
 - ___ [] Head Start
 - ___ [] Even Start
 - ___ [] Other _____

ST. ELIZABETH HOSPITAL

- ___ [] St. Elizabeth's Mother/Baby Clinic
- ___ [] St. Elizabeth's Home Health
- ___ [] St. Elizabeth's WIC Program
- ___ [] Home Help for Hispanic Mothers

- OTHER HEALTH
- ___ [] Health Center
 - ___ [] Dental Clinic
 - ___ [] Greenville Rancheria
 - ___ [] Dentist _____
 - ___ [] Primary Physician(s) _____

- OTHER SOCIAL SERVICES
- ___ [] Right Road Recovery Programs Inc.
 - ___ [] Alternatives to Violence
 - ___ [] Family Service Agency
 - ___ [] Job Training Center
 - ___ [] E.D.D.
 - ___ [] Learning Center of Tehama Co.
 - ___ [] Department of Rehabilitation
 - ___ [] Far Northern Regional Center
 - ___ [] Kid Power
 - ___ [] Other _____

OTHER SOCIAL SERVICES cont.

- ___ [] North Valley Catholic Social Services
- ___ [] Child Care Provider(s): _____
- ___ [] Child Care Referral and Education
- ___ [] Residential Care Provider(s): _____

- OTHER
- ___ [] Center for Evaluation and Research
 - ___ [] Other _____
 - ___ [] Other _____

I hereby authorize the agencies initialed above to exchange the following information via verbal communications, written reports and/or electronic transmission (as selected by initialization):

- ___ [] Summary of related medical, psychiatric, developmental, educational, drug and alcohol, psychosocial histories.
- ___ [] Law enforcement contacts.
- ___ [] Toxicology screens.
- ___ [] Status of Medi-Cal eligibility.
- ___ [] To assist the Court to make the legal decisions in the disposition of your legal status and court case
- ___ [] Info. contained in the school confidential file.
- ___ [] Info. contained in the school cumulative file.
- ___ [] Educational assessment and behavioral reports, including school observation and educational testing.
- ___ [] Pertinent disposition of legal status.
- ___ [] Progress in court ordered or a voluntary treatment plan.
- ___ [] Other _____

I understand that my records are protected under State and Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the Regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it, and that in any event **THIS CONSENT EXPIRES AUTOMATICALLY ONE YEAR AFTER THIS DATE**. Confidentiality of client will be maintained according to the Education Code Section 49069; California Welfare & Institutions Code Sections 4514, 5328 and 10850, 42CFR, Part 2 Drug/Alcohol Regulations. All children 12 years of age and older must give informed consent to release Drug/Alcohol records.

Service discussed within the scope of this authorization is confidential, with these exceptions: (1) mandated reporters are compelled by law to inform an appropriate other persons(s) if they hear and believe that you or a family member are in danger of hurting yourself or someone else; (2) if there is reasonable suspicion that a child, dependent adult, and/or elderly adult has been abused; and (3) under the Tarasoff's Statute if you have made a threat to harm an identified victim, both the victim and law enforcement will be notified of this threat.

Client Signature: _____

Parent/Guardian Signature: _____

Staff Signature: _____

Referring Agency: _____

Date Executed: _____

**The client has the right to receive a copy of this authorization (Civil Code 56.10).
A photocopy of this document is as valid as the original.**