



Council on Children and Families

ANDREW M. CUOMO
Governor

DEBORAH A. BENSON
Executive Director

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

Name of Individual _____

Date of Birth _____

Parent/Legal Guardian _____

Address _____

Telephone Number/email address _____

I, _____, authorize the Council on Children and Families **Print name of parent/legal guardian (or individual if older than 18 years)** to obtain and/or release demonstrably necessary information to/from other agencies and organizations in order to assist in obtaining appropriate services.¹ I understand that the decision to sign this Authorization form is voluntary and that I may revoke this Authorization, in writing, at any time, except that the revocation will not apply to information that has already been released in response to this Authorization or reliance upon such information.

I also understand that the information to be obtained and released may be limited to specific documents or exchanges of information, which may be identified on the reverse side of this form.

This Authorization expires automatically one year from the date this form is signed unless an earlier date or event is indicated:

Specification of the date or event or condition upon which this Authorization expires

(continued on reverse side)

¹Pursuant to Social Services Law § 483-b, the Council on Children and Families is authorized to work with New York State health, human services and education agencies to ensure that children receive the most appropriate services to meet their needs. Furthermore, notwithstanding any other provision of state law to the contrary, the Council may request any member agency to submit to the Council and such member agency may submit, to the extent permitted by federal law, all information in the form and manner and at such times as the Council may require that is appropriate to the purposes and operation of the Council.

I understand that I may ask any question or make any comments about this Authorization. I understand that I may refuse to sign this Authorization and that my refusal to sign will not impact eligibility for services or treatment, but that it may inhibit the ability of the Council on Children and Families to assist.

I understand that this Authorization is given in accordance with the Mental Hygiene Law § 33.13(c)(7) to persons and entities who have a demonstrable need for such information, provided that disclosure will not reasonably be expected to be detrimental to the named individual or another person.

I understand that any disclosure/release is bound by the Federal Educational Rights and Privacy Act (FERPA) and its corresponding regulations governing the disclosure of education records (20 USC 1232g, 34 CFR Part 99) and federal regulations governing the confidentiality of alcohol and drug abuse patient record (42 CFR Part 2). In addition, I understand that any disclosure/release is bound by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) governing the disclosure of personal health information (45 CFR Parts 160 and 164) and this also means that if a third party authorized to receive my health and clinical information is not a health care provider or health plan, which would include the Council on Children and Families, the released information may be re-disclosed and no longer protected by federal privacy regulations.

I understand that this Authorization does not authorize the release of information on AIDS and HIV governed by Article 27-F of the Public Health Law.

I understand that this Authorization does not supersede any federal or New York State law or regulation governing the confidentiality of records or information.

Please indicate below any restrictions on information that may be obtained or released:

Signature of parent (or individual if over 18 years)/legal guardian

Date