CASA
TRINITY
Hope Begins Here

Consent for Release of Information

Client Name:	Client ID (assigned):	Prevention Location (County):

I,_____ , hereby authorize and consent to communication between **CASA-Trinity, Inc Prevention Services** and

_____

The extent of information to be disclosed: attendance, participation and completion status of Teen Intervene

The purpose of need for such disclosure is:
Teen Intervene

Expiration Date:

I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR Pts. 160 & 164, and NYS HIV confidentiality law, PHL Article 27-F as it pertains to HIV related information, and cannot be disclosed without my written consent unless otherwise provided for in regulations.

I also understand that I may revoke this consent in writing 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 6 months following the conclusion of services at CASA-Trinity Prevention Services.

I understand that I have a right to inspect and to obtain a copy of any information disclosed pursuant to this authorization. I understand that generally CASA-Trinity Prevention Services may not condition my participation on whether I sign a consent form, but that in certain limited circumstances I may be denied participation if I do not sign a consent form. I have received a copy of this form, as recognized by my signature below.

To the recipient of this information: 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. (42 CFR 2.32)

Client Signature: **Date:**

_____

Print Name of Client: _____

Parent Signature, when Required: **NOT REQUIRED FOR TEEN INTERVENE** **Date:**

_____

Print Name of Parent: NOT REQUIRED FOR TEEN INTERVENE