

## Consent For The Release of Confidential Information

I, \_\_\_\_\_, authorize  
(Name of applicant/participant)

my Child Protective Services/Foster Care Worker: \_\_\_\_\_

\_\_\_\_\_  
(Phone Number of CPS/Foster Care Worker)

\_\_\_\_\_  
(Name of CPS/Foster Care Worker)

to release the following information to Loaves and Fishes Ministries:

- Case Status
- Last Court Date and Judge's Decision
- Future Court Date(s)
- Client's Compliance with Mandated Plan
- Worker's Observations About Client's Readiness for Transitional Living

The purpose of the disclosure authorized in this consent is to:

Assess the suitability for applicant's/participant's participant in the Zacchaeus House Transitional Housing Program –Family Reunification Program

- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records. The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CRF, Parts 160 & 164.
- The records cannot be shared without my written consent except as provided for in the regulations.
- I also understand that I may end this consent at any time and be told what will happen to my case should I do so.
- I understand that there may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.
- I understand that any notice to end this consent must be in writing.
- This consent will automatically expire on \_\_\_\_\_ (one year from the date of signing).

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date