



Child & Family Services

of Northwestern Michigan

Strengthening the Fabric of the Family Since 1937

Authorization to Disclose Confidential Information to the Grand Traverse County Wraparound Community Team

I, _____ parent legal guardian

of _____ (child's name) D.O.B.: _____

Hereby authorize _____ to exchange certain confidential information about my child and other members of my family to the Grand Traverse County Wraparound Community Team, which is comprised of the following agencies and individuals:

<u>AGENCY</u>	<u>AGENCY DESIGNEE OR INDIVIDUAL</u>
(Initial all that apply)	
_____ Northern Lakes Community Mental Health	Mary Hubbard, Susan Stendel
_____ State of Michigan Department of Human Services	Pam Locke and/or DHS Supervisor
_____ Grand Traverse County Family Court	Barb Donaldson and or Cheryl Goodwin
_____ Child & Family Services Wraparound Facilitators	Laura Field, Donna Watson, Cathye Williams
_____ Child & Family Services Supervisor	Paula Smith
_____ Pine Rest Traverse City Clinic	Kerri Moses
_____ School District / ISD	_____
_____ Parent Advocate (s)	_____
_____ Grand Traverse County Health Dept.	_____
_____ Other	_____

TYPE OF INFORMATION TO BE DISCLOSED: This authorization is limited to the following:

1. _____ Referral for Wraparound Services, including demographic information, names of family members, reasons for referral, general service history, juvenile court involvement, if any, history of out-of-home placement, description of my family's level functioning and strengths, and recommendations from the referral source.
2. If Wraparound services are authorized: _____ Wraparound Budget _____ Safety Plan _____ Wraparound Plan

PURPOSE:

1. _____ For disclosure to the Wraparound Community Team in order to determine whether my child and our family qualifies for Wraparound services; and
2. _____ If Wraparound Services are authorized, to ensure effective coordination of services.

EXPIRATION:

This Authorization will automatically expire 12 months from the date of my signature, unless I decide that it should expire on an earlier date or event, as follows:

- I want this Authorization to expire on _____ (date).
- I want this Authorization to expire when the following event occurs: _____

IMPORTANT NOTICE:

1. Information disclosed may be protected by Federal and/or State Law, including confidential mental health information protected by the Michigan Mental Health Code, Medical and dental information protected by HIPPA, School and educational information protected by FERPA; Employment information, Insurance, billing and payment information, Social Security, Supplemental Security, and Social Security Disability information, or Department of Human Services case records.
2. This authorization **DOES NOT permit** disclosure of Human Immunodeficiency Virus (HIV) test(s) results and/or Acquired Immunodeficiency Syndrome (AIDS) and AIDS Related Complex (ARC) information, and/or other communicable disease information including diseases caused by blood borne pathogens such as Hepatitis B and C, protected by Public Act 368 of 1978 and Public Act 174 of 1989.
3. This authorization **DOES PERMIT** disclosure of Alcohol and substance abuse information, including treatment information protected by Section 42, Part 2, of the Code of Federal Regulations.
4. This Authorization does not permit re-disclosure of confidential information. However, be advised that some of the individuals and agencies listed above may not be covered by privacy laws and regulations.

CONSENT:

I have read and understand this agreement or it has been clearly explained to me in a way I can understand. I voluntarily consent to this agreement with the understanding that I am free to withdraw my consent at any time without prejudice.

X _____
Signature of parent with legal custody or guardian Date Signed

Revocation of authorization:

I hereby revoke this authorization as of _____ (date). Request was in writing _____ or verbally given _____

Signature of individual revoking authorization if in person Signature/date individual receiving request for revocation