



**UTAH STATE FAMILY COALITION
RELEASE OF INFORMATION and
CONSENT FOR COORDINATED SERVICES**

I understand that my child's records are protected under the State and Federal regulations as well as codes of ethics governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the State and Federal regulations. I authorize the release of information only to the agencies listed below with the restriction that said information cannot be passed on to any other person or entity.

Dept of Workforce Services	Division of Juvenile Justice	Family Advocate
Division of Child and Family Services	Juvenile Court	Health Dept.
Division of Services for People with Disabilities	Allies with Families	Substance Abuse Provider
	Mental Health Provider	
	School Personnel	

Yes I agree _____ No I do not agree _____

I exclude _____ from the above list

The information is to be released for the following purpose only: To provide a variety of services to your child and family. In order to provide these services, representatives of public and private agencies may be working together with a family advocate as a team and may need to share information about your child and with each other. This is to enhance the coordination of services.

Family Members	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am aware that I may consider this request for two weeks before I must respond and before the offered services can be provided to my child. I have been fully advised of this right. In order to avoid unnecessary delay, I hereby waive my right to two weeks' notice and authorize the team to provide the services immediately. If I agree to the release of my records to the agencies named on this form, I understand that this consent will expire one year from the date signed below unless I revoke consent before that time. I understand that I can revoke this consent at any time.

Signed _____ Date _____