CONSENT FOR THE MUTUAL RELEASE OF CONFIDENTIAL INFORMATION

Michigan Juvenile Justice Re-Entry Program

NAME: _____

SOCIAL SECURITY #: _____ DOB: _____

I do authorize and request that the following parties,

☐ Returning County CMH: _____ ☐ DHHS

☐ Michigan Public Health Institute

DISCLOSE AND/OR RECEIVE: CHECK BOX, INITIAL LINE NEXT TO CHECKED BOX

____☐ Diagnosis

____☐ Psychological Testing

____☐ Treatment Plan & Treatment Hx

____☐ Vocational Assessment

____☐ Current/Past Medications

____☐ Lab Results/Drug Screens

____☐ Hospitalization Information

____☐ Schools/Records/Behavior

____☐ Treatment Progress Updates

____☐ Eligibility Determination

____☐ Substance Abuse

____☐ Psychiatric Evaluation

____☐ Psychosocial History

____☐ History/Status Legal Issues

____☐ Employment Information

____☐ History/Physical Exam

____☐ Medical Information

____☐ Discharge Information

____☐ Insurance Information

____☐ OT, PT, Speech Information

____☐ Return to Work/School

____☐ Other

REASON FOR DISCLOSURE:

_____ ☐ Determine need and type of treatment

_____ ☐ Coordination of placement

_____ ☐ Coordination of Services

DATES OF INFORMATION REQUESTED:

From: _____ To: _____ **OR** ☐ Most Recent Information

EVENT/CONDITION: DESCRIBE CIRCUMSTANCES OF REVOKED CONSENT

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent **shall expire one year from the date of signature** unless otherwise specified below:

TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The above is **FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2.**

_____ _____

Youth or Legal Representative's Signature Date

_____ _____

Witness* Date

***Witness assures that consumer is competent to give informed consent.** **DHHS Admin. Rule R330.6011 (3)-(4).**

INSTRUCTION SHEET FOR

The Consent for the Mutual Release of Confidential Information

A Consent for the Mutual Release of Confidential Information form signed by the consumer, his parent (if a minor), or legally appointed guardian will be obtained whenever the recipient, parent or guardian will consent to and there is a need for having confidential information released to/received from another person or agency.

1. Fill out demographic information at the top of the form.
2. Fill in name and address of individual/agency sharing or receiving information.
3. Indicate agency location and address attention line.
4. Indicate specific information to be disclosed and/or received (checking all that apply).
5. Indicate reason(s) for disclosure (checking all that apply):
    - **a.** Determine need and type of treatment – Applies to exchange of information from one service provider to another to determine needs and type of treatment required.
    - **b.** Coordination – Applies to exchanging information for purposes of treatment or placement facilitation
6. Indicate dates of information requested.
7. Specify expiration date/event if there are exceptions to that already stated.
8. Obtain necessary signatures and dates.
    - **a.** Witnesses: Department of Community Health Admin. Rule R330.6011 (3)-(4) states that a "witness" assures the competency of a consumer to give informed consent. A witness can be clinical staff, a family member, friend, neighbor, pastor, etc.
    - **b.** In cases where release is obtained through the mail, proper indication of consumer, guardian (if applicable), **AND** witness signature is required to insure proper authorization.
9. A copy of the completed form is to be given/sent to the consumer/guardian for their records.
10. File the original Consent for the Mutual Release of Confidential Information form, Form #1009 in Section II, Authorizations for the consumer record.