

Initial Release

Revision

Renewal

**SANTA CRUZ COUNTY INTEGRATED CHILDREN'S SERVICES PROGRAM
AUTHORIZATION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION AND RECORDS**

I, _____ (parent or legally authorized representative) authorize the following agencies in the Santa Cruz County Integrated Children's Services Program (SCC ICSP) to release and exchange information and/or records about myself and/or _____ (minor child) so that they can work together to plan and provide services for the above-named child.

(Check all that apply. Write your initials and the date on the appropriate line if you are revising the Initial Release.)

Non-Profit Agencies

Family Resource Centers	Initials & Date (Revisions)	Multi-Disciplinary Teams	Initials & Date (Revisions)
<input type="checkbox"/> Davenport Resource Service Center	_____	<input type="checkbox"/> Families Together*	_____
<input type="checkbox"/> Familia Center	_____	<input type="checkbox"/> Primeros Pasos **	_____
<input type="checkbox"/> La Manzana Community Resources	_____		
<input type="checkbox"/> Live Oak Family Resource Center	_____		
<input type="checkbox"/> Mountain Community Resources	_____		
		Family Violence	
		<input type="checkbox"/> Walnut Avenue Women's Center	_____
		<input type="checkbox"/> Women's Crisis~Defensa de Mujeres	_____
Counseling		Special Needs	
<input type="checkbox"/> Parents Center	_____	<input type="checkbox"/> Special Parents Information Network	_____
Housing			
<input type="checkbox"/> Families in Transition (FIT)	_____		

Public Agencies

<input type="checkbox"/> Health Services Agency (HSA) <i>Select Departments that should receive a copy of this Release.***</i>			
	Initials & Date (Revisions)		Initials & Date (Revisions)
<input type="checkbox"/> Alcohol & Drug	_____	<input type="checkbox"/> Health Benefits	_____
<input type="checkbox"/> California Children's Services	_____	<input type="checkbox"/> Homeless Persons Health Project	_____
<input type="checkbox"/> Clinics	_____	<input type="checkbox"/> Public Health Nursing	_____
<input type="checkbox"/> Children's Mental Health	_____		
<input type="checkbox"/> Human Services Department (HSD) <i>Select Divisions that should receive a copy of this Release.***</i>			
	Initials & Date (Revisions)		Initials & Date (Revisions)
<input type="checkbox"/> Adult & Long-Term Care	_____	<input type="checkbox"/> CareerWorks	_____
<input type="checkbox"/> Benefit Services	_____	<input type="checkbox"/> Family & Children's Services (CPS)	_____
<input type="checkbox"/> Probation Department <i>Select Divisions that should receive a copy of this Release.***</i>			
	Initials & Date (Revisions)		Initials & Date (Revisions)
<input type="checkbox"/> Adult Probation	_____	<input type="checkbox"/> Juvenile Hall	_____
<input type="checkbox"/> Juvenile Probation	_____		

Temporary Members (Worker: write in name of individual/agency and send Confidentiality Agreement.)

Name of Individual/Agency	Initials & Date (Revisions)	Name of Individual/Agency	Initials & Date (Revisions)
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

* Families Together is a collaborative program with staff from HSD, HSA, FIT and Santa Cruz Community Counseling Center.

** Primeros Pasos is a collaborative program with staff from HSD, HSA and Janus.

*** Staff in this county agency can share information and records with other staff in **this same county agency**, even if you have not selected a specific Department/Division, because they work for the same agency. Staff in this county agency **will not** release and exchange information or records with other county agencies or non-profits unless you have given permission on this or other Release Forms.

