



## Consent and Authorization for Release of Confidential Information

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
[Print Full Legal Name] [Month/Day/Year]

- PURPOSE:** This consent is to be used in preparing reports, monitoring court orders, and/or testimony for the **Judges of the Fourteenth Judicial District Juvenile and Domestic Relations Court of Henrico County, Virginia** as a result of the CASA Appointment Order.
- CONSENT/AUTHORIZATION:** I consent and authorize **Henrico County Court Appointed Special Advocates (CASA)** to gather, use, disclose and/or exchange my protected information that is received from any state or local agency, department, authority or institution, school, physician, public or private mental health provider, hospital, SCAN, current and/or previous employer, Henrico Area Mental Health and Developmental Services, Department of Motor Vehicles, and mental health and substance abuse treatment providers/ facilities responsible for drug screening and treatment, programs, and services. I understand that this disclosure may be verbal and/or in writing. I give this authorization voluntarily.
- RE-DISCLOSURE:** In order to assist the CASA volunteer in his/her work with other agencies that may be involved with me, and to assist the Court in making decisions regarding my child's case, I authorize Henrico CASA and \_\_\_\_\_ to re-disclose this information to (check all):  
**[name of volunteer]**

\_\_\_\_\_ The Guardian *ad litem* (GAL) for my child(ren) \_\_\_\_\_ The Department of Social Services (DSS)  
\_\_\_\_\_ My attorney(s) (Retained, Court-appointed, or GAL)  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I also authorize the CASA volunteer and Henrico CASA to release to the persons, providers, and agencies, which I have identified above, information known to the CASA volunteer about me and/or my family, which the CASA volunteer and/or Henrico CASA decides will help these persons, providers, and agencies in providing services to me and my family.

I understand that my records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise stated in the laws and regulations.

- ENDING AUTHORIZATION:** I understand that the information to be released was explained to me and that this consent is given of my own free will. This consent includes information to be placed in the case file after this form is signed, along with past and current records obtained by Henrico CASA and the volunteer. I also understand that I have the right to revoke (cancel) my consent to Henrico CASA which request must be made in writing. This does not include any records or information that was previously disclosed. This consent and authorization will expire one year from the date of signing.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Client)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent/Guardian *in case of minor*)