

Alexandria Department of Human Services  
Family Group Conferencing

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize the Alexandria Department of Human Services (DHS), its caseworkers and contract providers, and the Family Group Conferencing (FGC) Coordinator to share the following information about me, for the purpose of conducting a Family Group Conference:

- \_\_\_\_\_ Financial Information
- \_\_\_\_\_ Psychological Evaluation prepared by \_\_\_\_\_
- \_\_\_\_\_ Medical information held by \_\_\_\_\_
- \_\_\_\_\_ Psychiatric information held by \_\_\_\_\_
- \_\_\_\_\_ CPS and Foster Care case information
- \_\_\_\_\_ Educational Records
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ Substance Abuse information (I also understand that any disclosure made regarding substance abuse patient information is bound by 42 U.S.C. 290dd-2 and by Part 2 of Title 42 of the Code of Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records).

This information may be shared with the following agencies and persons:

- \_\_\_\_\_ DHS
- \_\_\_\_\_ Alexandria Community Services Board
- \_\_\_\_\_ Alexandria Family Drug Treatment Court
- \_\_\_\_\_ Office on Women
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_

(Additional persons may be listed on the back of this form)

I understand that the results of the Family Group Conference may be shared with the Alexandria Juvenile and Domestic Relations District Court. I also understand that I have the right to ask DHS to restrict how any protected personal health information is used or disclosed. DHS is not required to agree to the restrictions that I request. However, if the agency agrees to a requested restriction, then the restriction is binding on DHS.

This consent is good until: \_\_\_\_\_, or until \_\_\_\_\_.  
I may withdraw this consent in writing at any time, except to the extent that action has already been taken in reliance on my consent.

I have read and understand this consent form, as shown by my signature below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_