



SUPERIOR COURT OF CALIFORNIA
HUMBOLDT COUNTY

HOOPA VALLEY TRIBAL
COURT

FAMILY WELLNESS COURT

**UNDER THE JOINT JURISDICTION OF
THE HOOPA VALLEY TRIBAL COURT AND
THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT**

AUTHORIZATION FOR RELEASE OF INFORMATION

Parent's Name: _____; Case Number: _____

Date of Birth: _____; Social Security Number: _____

Name and Date of Birth of Child(ren):

This is a required form which must be signed by participants after consultation with their attorneys. Participants are asked to give their permission for confidential behavioral health information to be shared with their Family Wellness Team and other family participants involved in the Family Wellness Court (FWC). Participants are further requested to give permission for the FWC team to access, use or discuss the child's educational records.

Purpose and Type of Information About Me

(1) ___ I understand that the people and agencies listed below need my protected health information to help me and my family.

(2) ___ I understand that the type of information about me that will be shared is:

- a. mental health history;
- b. development disabilities;
- c. alcohol/drug use history;
- d. drug and alcohol test results;
- e. progress with treatment plans; and
- f. barriers to successful completion of treatment plans.

(3) ___ I understand that the reason the people and agencies listed below will share this information is to:



- a. identify my treatment needs
- b. match my treatment needs with appropriate treatment programs;
- c. coordinate my care;
- d. discuss attendance and progress in treatment;
- e. adjust treatment services based on the feedback from me and my family wellness team members;
- f. achieve improved health outcomes and more effective care for me and my family; and
- g. meet reporting requirements.

4) _____ I am the child(ren)'s parent listed above and my right to make educational decisions for the child(ren) has not been limited or terminated by the court.

My Rights

- (1) ___ I understand that my protected health information is confidential under federal law. 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164 govern the confidentiality of behavioral health information (mental health and substance use disorder information).
- (2) ___ I understand and agree that I can refuse to sign this authorization.
- (3) ___ I voluntarily agree to the disclosure of my health information.
- (4) ___ I understand that the individuals listed below and those who work with them may re-disclose my information only in connection with their official duties as related to the FWC.
- (5) ___ I understand that my consent will remain in effect until my involvement with the FWC has ended.
- (6) ___ I understand that I have the right to withdraw my consent at any time, by sending a signed notice stopping this authorization to _____ at _____. The authorization will cease on the date my valid revocation request is received. However, if I revoke my consent, my case cannot be heard in the FWC.
- (7) ___ I have a right to a copy of this authorization.
- (8) ___ I have the right to have a copy of my child(ren)'s educational records which are released.
 - a. I wish to receive a copy of such records yes _____ or no _____.

Consent

- (1) I, _____ authorize the following individuals and their agencies to exchange information with each other:
 - a) Judges who preside over the Family Wellness Court.
 - b) Family Wellness Case Managers and Clinicians including _____, and _____.
 - c) Substance Use (Abuse) Treatment employees including _____, group leaders, and individual counselors;



- d) Mental Health Treatment employees including _____, group leaders, and individual counselors;
- e) My Medical Care providers _____;
- f) Other Family Wellness Team Members, including Red Deer Consulting; Two Feathers Native American Family Services; Healthy Mom's; Redwood Toxicology; K'ima:w Medical Center; United Indian Health Center; Open Door Clinic; First Five of Humboldt County; Court Appointed Special Advocates of Humboldt County; County Office of Education; and _____

- (2) I, _____ authorize verbal and written (including email and fax) communication with the persons and agencies listed above.
- (3) I, _____ agree to permit disclosure of my confidential information to fellow FWC participants, because I understand that hearings are held with other FWC participants and their families.
- (4) Under the Family Educational Rights and Privacy Act of 1974 (FERPA) and California state law, I authorize any school district, district, county office of education, or individual or entity maintaining my child(ren)'s records to release these educational records to and discuss them with the FWC team. These records include but are not limited to attendance, academic, individualized education program (IEP), medical, social, psychological, disciplinary, developmental, speech/language, and achievement-test records.

_____ Date _____
 SIGNATURE PARTICIPANT

_____ Date _____
 Signature of Witness