

**IN THE COURT OF COMMON PLEAS
LUCAS COUNTY, OHIO - JUVENILE DIVISION**

CONSENT for the Release and Exchange of Confidential Information

Date: _____

Court Case JC#: _____

I, _____, DOB: _____ SS#: _____
(Client's name)

Authorize by these initials _____ that I consent to the release or exchange of information between all of the following agencies, persons and drug or alcohol treatment programs that are checked and/or listed below and the Guardian ad Litem (GAL) _____.
(Name of GAL)

- | | |
|--|--|
| <input type="checkbox"/> FAMILY SERVICE OF NORTHWEST OHIO | <input type="checkbox"/> LUCAS COUNTY TASC, INC. |
| <input type="checkbox"/> LCJC DRUG COURT (ANY/ALL) | <input type="checkbox"/> LUCAS COUNTY CHILDREN SERVICES (LCCS) |
| <input type="checkbox"/> LUCAS COUNTY CENTRALIZED DRUG TESTING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> OTHER _____ | |

To communicate with and disclose with one another the following information (*check each applicable category*):

- | | |
|---|---|
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Diagnosis and Recommendations |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Drug Screen/Breathalyzer Results for (dates) _____ |
| <input type="checkbox"/> Prognosis | <input type="checkbox"/> Progress Updates from _____ to _____ |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Treatment History |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Previous and/or Current Criminal Records |
| <input type="checkbox"/> Nursing Notes | <input type="checkbox"/> Other: _____ |

The purpose and need for such disclosure is to inform the above-identified Guardian ad Litem of my current status in case plan services and treatment services during the pendency of my child(ren)'s juvenile court case.

I understand I can revoke this consent at any time. If not previously revoked, this consent will expire upon the termination of this case in the Lucas County Juvenile Court.

I also understand that any disclosure is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of drug and alcohol abuse patient records and that the recipients of this information may re-disclose it only within the scope of this release.

Client Signature

Date

Witness Signature

Date