

BUTLER COUNTY FAMILY AND CHILDREN FIRST COUNCIL
1910 Fairgrove Ave, Suite B
Hamilton, Ohio 45011
Phone (513) 887-5510 or Fax (513)887-3709

Consent for Release of Information

Child's full name

Date of Birth

I, the undersigned, hereby authorize Butler County Family and Children First Council Community Wraparound, Parent Advocacy Connection and: _____

to release and share information regarding my (give relationship/i.e. daughter, son etc.) _____.

The purpose of the sharing of this information is to coordinate and plan as part of the Individual Family Team Process of Community Wraparound.

Information to be shared may include (but is not limited to):

- Identifying information: name, birth date, gender, race, address and telephone number.
- Case information: Medical (except for HIV, AIDS treatment records) and social history, treatment/service history, psychological evaluations, Individualized Education Plans (IEP's), Individualized Family Service Plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding the individual named above.
- Wraparound is partially funded by the Butler County Jobs and Family Services and family name and benefit eligibility is shared.
- Other: _____

I understand that the Consent for Release of Information expires 180 days from the date it is signed or earlier on the date of _____. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature and delivering it to the Butler County Family & Children First Wraparound Office. The revocation does not include any information which has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

SIGNATURE

Date

WITNESS

Date

Re-Release of information beyond that allowed by this Consent is not permitted.