

SECOND JUDICIAL DISTRICT GUARDIAN AD LITEM PROGRAM
AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION
(HIPAA Compliant)

I, _____, birth date _____, authorize and
Please print

request the disclosure of the following protected information from:

_____ (service provider)

for the purpose of review and evaluation in connection with court case no. _____

to _____, guardian ad litem in this matter, who has been appointed
by court order to this case.

Please disclose copies of the following regarding myself my child or children

Name(s) of child(ren) and their birthdates

Medical records, including records relating to history and physical, hospitalizations, diagnoses and treatments and any other medical record the guardian ad litem specifically requests for the purpose stated above. This information may include information about sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV) only if I have checked this box:

Social services records from either private or public providers

Psychological testing or assessments and treatment records, including therapy or counseling records

Chemical dependency diagnosis, treatment, and recommendations records; this authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31.

Employment records

School records or other school-related information the guardian ad litem specifically requests for the purpose state above; this authorization is made in compliance with the FERPA (20 U.S.C.A. Sec. 1232G).

Juvenile and adult court records that are not otherwise publicly accessible

Other: _____

I understand the following:

1. I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
2. The information released in response to this authorization may be re-disclosed to other parties and the information re-disclosed will no longer be protected by applicable laws.
3. The information released may become part of the court record.
4. I have been informed of my right to refuse to sign this release and understand that the court may impose sanctions if I have been ordered to sign this release and refuse.
5. A facsimile, copy, or photocopy of this authorization once signed shall be as valid as the signed original.
6. This authorization expires one year from the date it is signed.
7. I am entitled to a copy of this authorization once signed.

Signature Authorizing Release of Information

Date

Signature Authorizing Release of Information

Date