

# Release of Information

(Participant's Name / Date of Birth / CYBER #)

I/We authorize release of information to discuss psychological, medical, substance abuse and other information about the identified person/family. I/We understand that this information is solely for the purpose of *planning, implementing* and *monitoring services* for the identified person and family while participating in NJ Children's System of Care, also known as CSOC.

- Initials      **State Insurance program for payment:** PerformCareNJ, the contracted system administrator (CSA) for the Department of Children and Families; requests program assessments, progress updates, case notes and team use of electronic records.

---

- Initials      **State/County Case Management of program:** Department of Children & Families oversees the NJ CSOC - Unified Case Management (UCM), Care Management Organization (CMO), Mobile Response Services, and the Division of Child Protection and Permanency DCP&P (formally known as DYFS).

---

- Initials      **Medical and Counseling component:** while a part of the NJ Children's System of Care, Team members coordinate with the primary care physician, psychological professionals, psychiatrist, behavioral assistants, mentors, case managers, hospitals, nurses, drug/alcohol coordinators, Children's Crisis Intervention Services (CCIS) and Psychiatric Emergency Screening Services (PESS)

---

- Initials      **Education Support:** while a part of NJ Children's System of Care, Teams may communicate with teachers, paraprofessionals, support staff, and Child Study Teams.

---

- Initials      **Legal System Coordination:** while a part of NJ Children's System of Care, Team coordination with the county/state Courts, Probation/Parole, and Juvenile Justice Commission.

---

- Initials      *Other current providers:*

---

- Initials      *Other current providers:*

---

- Initials      *Other:*

---

- Initials      *Other:*

---

- Initials      *Other:*

**Privacy Practices:** HIPAA (Health Insurance Portability and Accountability Act) **Privacy Rule** - requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without client authorization (HHS.gov). **Protected Health Information (PHI)** - protection applies to information collected from the individual or received by other team members/agreed participants (PerformCareNJ.com).

*Jersey Innovative Services* follows Federal, 42 CFR Part 2, State and HIPAA regulations to protect your confidentiality and asks permission to release information on you or your family. **Limits to Privacy:** Federal law authorizes disclosure of information when there is: harm to self, harm to another or harm from someone. It is our obligation to protect you and others around you. **Discontinue this consent:** I understand I may contact my provider in writing to discontinue this consent to release information about myself or my family.

Consent is valid (until one year from today): \_\_\_\_\_  
Beginning Date to End Date

Signature of Adult:	Date
Signature of Minor:	Date
Signature of Other Member:	Date