

**Health Information Collection and Release/Disclosure Authorization**

Date of Authorization:			
Client Name:			Date of Birth:
Address:	City:	State:	Zip:
Phone Number:	Email Address:		

By signing this form, I understand that I am giving my authorization to **Children's Services Council of Palm Beach County (CSC) and any of its contracted co-funding entities and Service Providers** to collect, use or disclose my protected health information, or that of my minor child, whether named below or born within one year of my signing this form, including any alcohol and substance abuse records, for purposes of treatment, payment, operations, research and/or evaluation.

This authorization **does not apply** to the following:

- HIV Records (including HIV test results) and sexually transmitted diseases
- Psychotherapy records
- Marketing or sale of Protected Health Information

I understand that I have the right to:

- revoke this authorization at any time, provided I do so in writing
- be given the opportunity to ask questions
- receive a copy of the signed Authorization
- inspect a copy of my protected health information to be used or disclosed under this Authorization

I understand that this Authorization is voluntary and I may refuse to sign it. My refusal to sign will not affect my eligibility for or ability to obtain treatment from CSC.

I understand that I may revoke this Authorization at any time by notifying CSC in writing.

However, I also understand that such a revocation will not have any effect on any information already used or disclosed by CSC or any of its contracted service providers before it received my written notice of revocation.



This authorization does not have an expiration date as the collected information will be used for research and evaluation, including the creation and maintenance of a research database or research repository.

I understand that I have the right to request and receive CSC's Notice of Privacy Practices from CSC.

Participant's Signature Participant's Printed Name Date

Additional Participant's Signature Additional Participant's Printed Name Date

For minor child under 18:

Child's Name Child's Name

Child's Name Child's Name

Child's Name Child's Name

Child's Name Child's Name

Child's Name Child's Name

Parent/Legal Guardian Signature Parent/Legal Guardian Printed Name Date