CHILDREN'S INTERAGENCY

CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION
PLEASE TYPE/PRINT ALL INFORMATION

Child's Name_____ Birth Date_____

Mother's Maiden Name_____ Father's Name_____

Social Security No._____ Record No._____

I authorize_____
to exchange information with:

_____
Agency/Person/Organization

_____
Address

about information obtained during the course of my/my child's treatment/case/service plan for:

_____

The exchange of records authorized herein is required for the following purpose:

_____

Restriction: Release or transfer of the specified information to any person or agency not named herein is prohibited unless indicated below:

Such exchange shall be limited to the following specific types of information:_____
_____
_____

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and If not earlier revoked, it shall terminate. without express revocation on:

_____
Date, Event, or Condition

I understand I am entitled to receive a copy of this consent.____ copy(ies) requested and received. I have read this consent carefully and have had all my questions answered.

Date_____ Witness_____

Signed_____ Signed_____
Parent, Gaurdian Conservator **Case Manager/County Representative**

Agency_____

-CONFIDENTIAL CLIENT INFORMATION-
SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328 AND SECTION 10850. CIVIL CODE 34, 56 and 1798. 42 C.F.R. SECTION 2.34 AND 2.35. EDUCATION CODE 49075. HEALTH AND SAFETY CODE 1795.