



Colonial Court Appointed Special Advocate Program

Williamsburg/James City County

1311 Jamestown Road, Suite 201 • Williamsburg, Virginia 23185

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Email: info@colonialcasa.org

CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

1. INDIVIDUAL CONFIRMING THE AUTHORIZATION

Full Legal Name

Social Security #

Date of Birth

2. THE USE AND/OR DISCLOSURE AUTHORIZED

I authorize Colonial CASA/ _____
Volunteer's Name

to use, disclose, and/or exchange my protected information received from any state or local agency, department, authority or institution, school, physician, public or private mental health provider, hospital, current and/or previous employer, Colonial Services Board, and court-referred programs and services. I understand that this disclosure may be verbal and/or written. I give this authorization voluntarily.

Purpose for disclosures and/or exchanges: **To assist in preparing court reports and monitoring the Court Order.**

In order to assist the CASA volunteer in his/her work with other agencies that may be involved with me, and to assist the Court in making decisions regarding my child's case, I authorize the CASA volunteer and/or Colonial CASA to re-disclose this information to:

____ the Court ____ the G.A.L. for my child(ren) ____ Dept. of Social Services ____ my attorney

____ Other: _____

____ I also authorize the CASA volunteer and Colonial CASA to release to the persons, providers, and agencies, which I have identified above, information known to the CASA volunteer about me and/or my family, which the CASA volunteer and/or Colonial CASA decides will help these persons, providers, and agencies in providing services to me and my family.

I understand that my records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise stated in the laws and regulations.

3. ENDING AUTHORIZATION AND/OR CHANGING YOUR MIND ABOUT THIS INFORMATION

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will. This consent includes information to be placed on my records after execution of this release form as well as past and current records obtained by the CASA volunteer. I also understand that I have the right to revoke this consent at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. The revocation would not include records or information previously disclosed. If not previously revoked, it is my understanding that this consent will expire one year from the date of signing.

Signature

Date

Witness

Date

Print Name

Print Name of Witness

Signature of Parent/Guardian (in case of minor)

Print Name of Parent/Guardian (in case of minor)