



bədaʔchəlh Advocacy Committee ROI

TULALIP TRIBES

bədaʔchəlh Advocacy Committee
Consent for Release of Information (ROI)

Parent/Guardian Name

_____/_____/_____
Parent/Guardian D.O.B

I hereby authorize the exchange of confidential information specified below between:

INFORMATION TO BE RELEASED FROM:

INFORMATION TO BE RELEASED TO:

bədaʔchəlh

bədaʔchəlh Advocacy Committee

Verbal information only-documents will not be provided:

- Intake Assessment/Evaluation
- Psychiatric/Psychological Evaluation
- Treatment Plan and/or recommendations
- Progress notes
- Attendance Records/Dates of Service
- Academic progress or concerns
- Urinalysis Results

- Family/ Placement History/ CPS History
- Medical / Psychiatric Diagnosis and Prognosis
- Medication Information
- Discharge Summary
- Compliance with Treatment
- Other: _____

For the Purpose of:

The bədaʔchəlh advocacy committee shall work with parents/families at their request, to facilitate collaboration and promote the well-being of children and their families. This type of work may require that appropriate Releases of Information (ROI) are signed so the committee may fully review matters that are brought to their attention. The Committee, while reviewing cases shall hear both what the parent/family has to say and what the social worker has to say before making written recommendations on how the parent/family and bədaʔchəlh may better work together or proceed forward in a good way in accordance with law and policy. If parent(s) refuse to sign ROIs for the committee then the committee shall not bring up that parent/family's case for review or make recommendations to bədaʔchəlh on how to further work with the family until ROIs are signed. The bədaʔchəlh Advocacy Committee is not intended to be an appeal panel for cases that are being heard in Court. The Committee may refer families to TOCLA if the issue must be remedied through the legal process.

I understand that my records are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, part 164.) I also understand that I may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will and I need not sign this from to ensure healthcare treatment. If client is under 13 years of age, a parent or legal guardian must sign consent.

Parent/Legal Guardian

Parent or Legal Guardian

_____/_____/_____
Today's Date

Notice of Redisclosure of Confidential Information

This notice accompanies a disclosure of Information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for his purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.