

**Release Authorization
To
Franklin County
Change of Placement Committee**

Child's Name: _____ DOB: _____
Parent/Guardian's Name: _____

I agree to have my child's situation reviewed by the Change of Placement Committee to have an interdisciplinary team explore placement and service options and make recommendations to the referring agency for my child. This team will examine all current supports and services and may generate recommendations for additional or alternative services. The Change of Placement Committee will seek to maintain your child at the least restrictive level of care while providing appropriate supports and addressing any personal and community safety issues.

I understand that any recommendations for alternative or additional services or placements are the responsibility of and at the discretion of the appropriate service, referral source, or court system. The recommendations of this body will serve to guide those responsible for making such decisions but will not supplant, supercede, or override any decisions made by those parties.

I understand that this committee is comprised of representatives from community agencies as well as consumer advocates. Community agencies represented include but are not limited to: Franklin County Department of Social Services; Franklin County Probation Department; North Star Behavioral Health, Substance Abuse Prevention, and Residential Services; North Star Community Support Services (ICM and SCM); Office of Mental Health HCBS Waiver Program; NYS Office of Mental Retardation and Developmental Disabilities (Sunmount); Franklin County Community Services; Youth Advocacy Program; The Family Corner Program; Franklin County Mental Health Association; St. Joseph's Substance Abuse Treatment; St. Regis Mohawk Mental Health; CEF Crisis Center; F-E-H Board of Cooperative Education Services or any school system in which the child is currently enrolled.

I understand that the members of this committee are bound to maintain the highest standards of confidentiality defined by law (HIPAA 45 CFR Parts 160 and 164; and 42 CFR, Section 2), and are not to disclose information that identifies me, my child or my family personally, outside of the Change of Placement Committee review process. I understand that it is the role of the committee to review and make recommendations on the use of child and youth placement and residential services in Franklin County and to decide which level of service, depending upon availability and program eligibility requirements, is most appropriate for each individual based on their needs and desires. In making its recommendations, the committee will use and possibly discuss all information provided by the individual agency representatives regarding my child and family's circumstances. I understand that I may request that an agency which possesses my child and family's protected health information, exclude or hold private specific information from Change of Placement Committee consideration.

By signing this authorization I give my permission for members of the Change of Placement Committee to share information necessary to describe my child and family's situation, and to determine the most appropriate service or services based on our needs and desires I understand that upon my written request, I may withdraw my permission to share information (except for actions already taken) at any time. Unless my permission is withdrawn I understand at this time that this request/authorization will remain in effect as long as I continue to receive the services covered by this committee.

Parent/Guardian's Signature: _____ Date: _____
Child's Signature (when appropriate): _____
Witness Signature: _____ Date: _____

Withdrawal of Request/Authorization

I voluntarily withdraw my request for case management/treatment/residential services and in doing so withdraw my authorization for the Change of Placement Committee to continue to share information regarding child and family's circumstances. I understand that this withdrawal does not cover actions that have already been taken by this committee.

Parent/Guardian's Signature: _____ Date: _____
Child's Signature (when appropriate): _____
Witness Signature: _____ Date: _____