



Council on Children and Families

52 Washington Street * West Building, Suite 99 * Rensselaer, NY 12144 * Phone: (518) 473-3652 * Website: <http://www.ccf.state.ny.us>

CONSENT TO RELEASE INFORMATION TO THE COUNCIL ON CHILDREN AND FAMILIES

Name of Individual _____

Date of Birth _____

Parent/Legal Guardian _____

Address _____

Telephone Number _____

E-mail Address _____

I, _____, authorize demonstrably necessary information
Print name of parent (or individual if older than 18 years of age)/ legal guardian

to be disclosed to the Council on Children and Families so that the Council may obtain information from and share information with other agencies and organizations in order to assist in obtaining services from the appropriate state agency or program.¹ I understand that the decision to sign this Consent form is voluntary and that I may revoke this Consent at any time except to the extent that action has been taken in reliance on it. I also understand that this **Consent expires automatically one year from the date this form is signed unless an earlier date or event is indicated:**

Specification of the date or event or condition upon which this Consent expires

(Continued on back)

¹ Pursuant to Social Services Law § 483-b, the Council on Children and Families is authorized to work with New York State health, human services and education agencies to ensure that children receive the most appropriate services to meet their needs. Furthermore, notwithstanding any other provision of state law to the contrary, the Council may request any member agency to submit to the Council and such member agency may submit, to the extent permitted by federal law, all information in the form and manner and at such times at the Council may require that is appropriate to the purposes and operation of the Council.



David A. Paterson
Governor

Council Member Agencies

State Office for the Aging * Office of Alcoholism and Substance Abuse Services
Office of Children and Family Services * Division of Criminal Justice Services * State Education Department
Department of Health * Department of Labor * Office of Mental Health
Office for People with Developmental Disabilities * Office of Probation and Correctional Alternatives
Commission on Quality of Care and Advocacy for Persons with Disabilities * Office of Temporary and Disability Assistance



Deborah A. Benson
Executive Director

I understand that I may ask any question or make any comments about this Consent. I understand that I may refuse to sign this Consent and that my refusal to sign will not impact eligibility for services or treatment, but that it may inhibit the ability of the Council to assist.

I understand that this Consent is given in accordance with the Mental Hygiene Law § 33.13(c)(7) to persons and entities who have a demonstrable need for such information, provided that disclosure will not reasonably be expected to be detrimental to the named individual or another person.

I understand that any disclosure/release is bound by the Federal Educational Rights and Privacy Act (FERPA) and its corresponding regulations governing the disclosure of education records (20 USC 1232g, 34 CFR Part 99), the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) governing the disclosure of personal health information (45 CFR Parts 160 and 164), and federal regulations governing the confidentiality of alcohol and drug abuse patient record (42 CFR Part 2).

I understand that this Consent does not authorize the release of information on AIDS and HIV governed by Article 27-F of the Public Health Law.

I understand that this Consent does not supersede any federal or New York State law or regulation governing the confidentiality of records or information.

Signature of parent (or individual if over 18 years)/legal guardian

Date