



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

In order to determine camper eligibility, we would like to contact your child's therapist, social worker, or other professional who has worked with your child to gather information that will help us assess their readiness for Camp HOPE America. With your permission, we will ask basic questions about the camper's emotional and mental health and how it might positively or negatively manifest in a camp environment.

I, _____ (caregiver), hereby authorize the employees of _____ (name of your local Family Justice Center, Multi-Agency Center, or community-based agency) to release mental health information regarding _____ (child's name) for the purposes of assessing my child's readiness for participation in Camp HOPE America. This authorization is in effect until _____ when it expires. I understand that by signing this authorization:

- I authorize the use or disclosure of my child's individually identifiable health information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my child's health information. If I sign this authorization to use or disclose information, I can revoke it at any time. The revocation must be made in writing and will not affect the information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily and treatment, payment, or my eligibility for benefits will not be affected if I do not sign this authorization.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

I represent that I am the caregiver of my child, that I am at least eighteen (18) years of age, and that I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understand the terms of this agreement.

Signature of Caregiver _____ Date _____

Printed Name of Caregiver _____