Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0559

Authorization for Release of Information and HIPAA Protected Health Information
TO THE DEPARTMENT OF CHILDREN'S SERVICES
AND
Authorization for Release of Information and HIPAA Protected Health Information
FROM THE DEPARTMENT OF CHILDREN'S SERVICES

Important Guidelines for the Document:

- **ALL HIGHLIGHTED AREAS ON THIS FORM MUST BE COMPLETED FOR IT TO BE A VALID RELEASE OF INFORMATION.**
- **Release TO DCS: Use pages 1 and 2 of this form to obtain permission for other persons/entities to release information or records TO DCS. If you only need information provided TO DCS the individual only completes pages one and two.**
- **Release FROM DCS: Use pages 3 and 4 of this form obtain permission for information to be provided FROM DCS to other persons/entities. If information is only going from DCS to an outside person or agency, the individual only completes pages three and four.**
- **Release BOTH: If DCS needs to provide information to persons/entities outside DCS AND receive information from the persons/entities, all pages on this form must be completed.**
- **Entity: Only one person/entity can be listed on this form. If information is being released to or from multiple groups, a separate set of forms must be completed for each person or entity.**
- **Signature: One signature is required on each page of the document as well as the "Witness" signature (only on the second page of the document). Please refer to the "Signature", "Authorized Representative" and "Witness" sections on the next page to determine when each signature type should be used when completing the document.**
- **Mental Health/Substance Use: When requesting authorization for release of Protected Health Information (PHI), including mental health or substance use information, do not include requests for other types of information/records on that form. Authorizations for release of health information cannot be combined with other releases.**
- **Educational/Criminal: Use pages 1 and 2 to RECEIVE educational and criminal background check information and records on employees or volunteers. This form may not be used to obtain Medical and Psychological information on employees or volunteers. For this type of**

information regarding employees or volunteers, consult with the appropriate DCS Human Resources Representative or contact the DCS Office of Human Resources.

- **HIPAA: Complete the *HIPAA Section on this form when the client or his/her authorized representative authorizes DCS to release protected health information (PHI) to another person/entity OR authorizes another person/entity to release PHI to DCS.**

Important Notes for the document:

- **Specific Information: Case Managers must complete the sections of the form describing the specific information to be released which appears under the appropriate check box.**
- **Purpose: Case managers must complete the purpose for the release, and the specific persons/entities who are sending or receiving the information/records.**
- **Exceptions for older youth: If a youth is 16 or older and the requested records/information pertain to mental health or substance abuse treatment, the youth must sign the release. If the youth is age 14 or older, they *may* sign the form authorizing release of their own PHI if they provided consent for the treatment, but health care providers may request that an adult co-sign.**
- **Timeframe: The maximum length of time a form may remain valid is one year from the signature date---if certain information is requested on a recurring basis. If information is requested on a one-time basis, the form is effective for ninety (90) days from the signature date.**
- **Printing: If needing to only print one of the documents, change print properties to print pages 1-2 for the release TO DCS and pages 3-4 for the release FROM DCS.**
- **Authorized Representative: The authorized representative would be a person who is legally authorized to act on behalf of someone. For example: Guardian Ad Litem releasing information on behalf of a minor or a parent releasing information on behalf of their child.**
- **Signature: The signature would be an individual releasing information on their own behalf. For example, a parent releasing their own information or youth over the age of 16 years old releasing their own mental health records.**
- **Witness: The witness is the individual who is witnessing the signature and accurate completion of this document. For example, a caseworker witnessing a parent complete the document on behalf of their child.**

DCS employees must also utilize form *CS-0756, HIPAA Disclosures of Protected Health Information* to document disclosures of a client's protected health information.

Questions regarding the completion of this form? Contact your local DCS attorney.