Reset Form

CONSENT TO RELEASE CONFIDENTIAL CASE FILE INFORMATION FOR CHILD SUMMARY COMPLETION

State Form 56662 (2-19)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: *In situations where a child social summary is requested and a child is not legally available for adoption, parental consent is required for a provider to review the file for completion of the child summary. Please complete a separate consent form for each child and parent/guardian/custodian combination. If there are two or more parents/guardians/custodians involved with a child's case and only one parent/guardian/custodian signs this consent form, a provider cannot review the entire case file. In such occurrences, the Family Case Manager (FCM) may only provide case file information concerning the consenting parent/guardian/custodian and the respective child to a Child Social Summary provider.*

I, _____ *(printed name of parent / legal guardian)*, give the Indiana Department of Child Services (DCS)my child's social, medical, psychological, and educational records to the contracted service provider for the purpose of completing a Child Social Summary.

Name of parent / patient *(Please print.)*

Address of parent / patient *(number and street, city, state, and ZIP code)*

Name of provider who will be given the records and information involved with this consent

Name of child / patient *(Please print.)*

Address of child / patient *(number and street, city, state, and ZIP code)*

Name of provider who will be given the records and information involved with this consent

I understand released information may include, but not be limited to, explicit descriptions of substance use and/or mental health disorders, diagnoses, treatment plans, evaluations, and other recorded information concerning a substance use disorder and/or mental health record.

I understand this release gives DCS permission to disclose records that are protected under state and federal confidentiality statutes and/or regulations, and the information disclosed is protected from re-disclosure by state and federal confidentiality statutes and/or regulations and contract obligations. I also understand that DCS cannot disclose these records without this written authorization or Court order, unless release of these records is permitted by state or federal statute, rule, or regulation. I give DCS permission to use a photocopied, faxed, or scanned presentation of this form as an original when releasing the case file information described above. I realize that I may refuse to sign this authorization. I know that I have a right to a copy of this form.

From the date I sign below, this consent form is valid for two years or until the above-named child's/patient's Child In Need of Services case is dismissed, whichever is later. A new consent form must be signed when this form expires, if need for it continues. I understand that I may revoke this authorization at any time, except to the extent that DCS has already relied on this authorization and released case file information. To revoke this consent, send a written notice to the DCS Local Office Director at:

_____ .

According to the terms above, I give DCS permission to disclose confidential case file information concerning my and my child's social, medical, psychological, educational, and substance use records to the contracted service provider named above. This information will be used in Child Social Summary preparation and may be disclosed verbally, in writing, and/or by facsimile.

Signature of parent / legal guardian	Date *(month, day, year)*