



Allegheny County  
 Department of Human Services  
 One Smithfield Street  
 Pittsburgh, PA 15222  
 Phone: 1-800-862-6783  
 Fax: 412-350-5891

## Child/ Adolescent Interagency Meeting Authorization

### Authorization for Use Or Disclosure of Health and other Sensitive Information

I hereby authorize the participants and organizations indicated on the Participant Roster to use/disclose the following Protected Health Information and other confidential information about me (Identifying Information Below):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

#### Information to be used, disclosed.

- Education Records
  - Report Cards and Attendance Records
  - Immunizations
  - Scholastic / Achievement Testing
  - Observations by teacher or guidance counselor
  - Psychological / Psychiatric Testing
  
- Mental Health / Drug & Alcohol / HIV
  - Intake Assessment and Social History
  - Developmental/Psychological/ Psychiatric Evaluations and Recommendations
  - AIDS or related HIV testing
  - Progress Notes
  - Confirmation of Attendance/ Visit Dates
  
- Social Services Information
  - Release and Acquisition of Information Consent

- Medical Records (In – Patient)
  - Birth Records
  - Hospitalization Records
  - Dental Records
  
- Medical Records (Out-Patient)
  - Hospital Records
  - Immunization Records
  - Dental Records
  - Routine Pediatric Visits
  - Outpatient Clinic Records

CASA

Other:

Specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Participant Roster

*The participants and organizations below acknowledge by signature below that they will obtain and share confidential information on the specified individual and will not disclose this information without the proper consent of the parent/guardian and/or child as permitted by state and federal laws and regulations. This information will be used for the purpose of developing a comprehensive individual service plan and providing appropriate services to the child and family. It should not be used for purposes other than those specified without the expressed permission of the child and family.*

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
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Fax: \_\_\_\_\_  
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