

FAMILY ADVOCACY PROGRAM AUTHORIZATION TO RELEASE INFORMATION

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301; 14 USC 632; 44 USC Chapters 29, 31 and 33; 10 USC 1058 and 1059; COMDTINSTs 1752.1 (series) and 1754.16 (series)

PRINCIPAL PURPOSE: To identify and record information on incidents of child and adult partner abuse and neglect and provide protection and treatment to military members and their families.

ROUTINE USES: To verify that Family Advocacy Program (FAP) clients are informed of the limits of confidentiality in accepting FAP services. Incident data, risk assessments, safety and treatment plans are used to determine what course of action is needed to ensure that the right services and treatment are provided to FAP clients. Information is also used for quality assurance purposes to improve FAP services. FAP personnel use the data to identify incidence and prevalence rates and trends, track involved families, and to justify appropriate resource allocation. Information provided on this form will not be disclosed externally except in accordance with DHS/USCG-028 Family Advocacy Case Records Systems of Records, 73 FR 77782 (December 19, 2008).

DISCLOSURE: Voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

AUTHORIZATION STATEMENT

I, _____ hereby request and authorize _____

to release to _____ and _____

to release to _____ copy(ies) of the following information on myself and/or

my child(ren) [Name(s) and birthdate(s)]:

_____ :

Clinical Assessment

Physician Treatment Record

DoD Branch FAP Record

Treatment Recommendations

Alcohol/Drug Treatment Record

Other: _____

Treatment Progress Notes including record of attendance

Psychosocial History

Other: _____

I understand that this information will be treated confidentially in accordance with Federal, State, and Coast Guard regulations and that the information to be disclosed is for the specific purposes of treatment planning and case management. I further understand that this release is valid for one year from the date signed and that I may revoke it at any time, except to the extent that action has already been taken upon this authorization.

CLIENT SIGNATURE

DATE

FAS SIGNATURE (or other witness)

DATE

CLIENT CONTACT INFORMATION (please print)

FAS CONTACT INFORMATION