



Juvenile's Full Name:	
<input type="checkbox"/> Parent, <input type="checkbox"/> Guardian, or <input type="checkbox"/> Custodian:	Date of Birth:
<p>I, _____, authorize the NC Department of Public Safety, Division of Juvenile Justice and Delinquency Prevention (hereinafter, "JJ") to disclose to _____ the following information (as indicated by my initials and signature below) relating to the juvenile named above, and between the time period of _____ and _____.</p>	

INITIAL (WRITTEN) NEXT TO THE RECORDS YOU AUTHORIZE TO BE RELEASED (a check mark, X or typed initials are not acceptable) AND SIGN ON THE NEXT PAGE:	
	Educational
	Court history
	Mental health (including developmental disabilities records) List specific types of mental health records under "other" below
	Physical health
	Substance use evaluation and treatment
	Medical records of reportable communicable disease information, including HIV, sexually transmitted infections (STIs), hepatitis, and tuberculosis (TB)
	Other:

PURPOSE OF USE AND DISCLOSURE	
What is the purpose for the disclosure(s):	
<input type="checkbox"/> Legal Representation	<input type="checkbox"/> Continuity of Care
<input type="checkbox"/> Background Check	<input type="checkbox"/> Other: _____

REVOCATION AND EXPIRATION
<p>I understand that I have the right to revoke this authorization at any time by signing the <i>Written</i> or <i>Verbal Revocation</i> section at the bottom of this form, except for information that has already been released. Unless revoked sooner, this authorization expires one year from the date signed. Authorization to disclose information for the purpose of continuing established financial benefits will be considered valid until the cessation of benefits.</p> <p>I understand that I have the right to revoke this authorization at any time except to the extent that a person or agency which is to make a disclosure has already taken action in reliance on it. If I want to revoke this authorization, I may sign <i>the Written</i> or <i>Verbal Revocation</i> section attached to this form and submit it to the Division of Juvenile Justice.</p>



REDISCLASURE AND CONFIDENTIALITY	
<p>Once educational records are disclosed pursuant to this signed authorization, the NC Department of Public Safety, Division of Juvenile Justice certifies that the educational records obtained will not be disclosed to any other agency, organization, or third party without the parent or guardian’s written consent, except as allowed by state law, in accordance with 34 CFR § 99.33(a) of the Family Educational Rights and Privacy Act (FERPA). Any educational records disclosed shall remain confidential, shall not be disclosed to the public, and will be used only for the purposes stated in this authorization.</p> <p>Once health care information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 C.F.R. Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing information to others. However, mental health, developmental disabilities, and substance abuse information protected by state law (G.S. 122C), as well as substance abuse treatment information protected by federal law (42 C.F.R. Part 2), remain confidential and must not be redisclosed by the recipient except as authorized by those laws or this authorization.</p>	

NOTICE OF VOLUNTARINESS	
<p>I understand that: (1) I may refuse to sign this authorization form, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to request a copy of the records that were disclosed and the right to seek to amend them, pursuant to 34 CFR §§ 99.20 and 99.30 of the Family Educational Rights and Privacy Act (FERPA).</p> <p>If I choose not to sign this form, I understand that healthcare providers and health plans cannot deny or refuse to provide treatment, payment for treatment, enrollment in a health plan, or eligibility for health plan benefits because of my refusal to sign.</p>	

SIGNATURES	
Signature of Juvenile: Print Juvenile Name:	Date: I have the right to have a signed copy of this form.
Signature of Parent, Guardian, or Custodian: Print Parent, Guardian, or Custodian Name:	Date: I have the right to have a signed copy of this form.
Describe the authority to act on behalf of juvenile (check a box or offer another explanation): <input type="checkbox"/> I am the juvenile’s parent <input type="checkbox"/> I am the juvenile’s legal guardian <input type="checkbox"/> I am the juvenile’s guardian (DSS) <input type="checkbox"/> I am the juvenile’s legal custodian <input type="checkbox"/> Other:	

WITNESS	
Signature of staff witnessing the signatures above: Print Staff Name and position:	Date:



WRITTEN REVOCATION

I am revoking the **entire** authorization:

I hereby give notice that the authorization to disclose information relating to _____
Print name of juvenile

signed by me, _____, on _____ is revoked, effective _____.
Print name of person who signed authorization Date of authorization Date

Authority of JJ to disclose information to _____ is revoked.

Signature of person who is revoking authorization Print name of person who is revoking authorization Date

VERBAL REVOCATION

I _____, on this day _____, attest that a verbal declaration
Print name of staff receiving revocation Date of attestation

was made on _____ by _____ to revoke the authorization
Date of request Print name of person revoking authorization

to disclose information relating to _____.
Print name of juvenile

Signature of staff receiving revocation Date