Connecticut Department of Children and Families
MULTI-DISCIPLINARY EVALUATION CHILD/YOUTH PERMISSION FOR RELEASE OF INFORMATION
DCF-460 MDE-A
8/2014 (New)

Instructions: Please have the child/youth (between ages 13 and 17) read and sign this document granting permission for release of information pertaining to substance abuse, reproductive health and/or medical information.

Last Name Of Child:	First Name Of Child	Date Of Birth:	Link #:

I hereby give medical permission and informed consent to the following Provider/Clinic:

MDE Clinic Name & Address:	Fax #:
Please Select One	

Authorization to Release Medical Information

to disclose to the Department of Children and Families any information learned from my Multi-Disciplinary Evaluation about substance abuse (alcohol/drug use and treatment) and reproductive health (sexual activity, sexually transmitted diseases and birth control) information.

During my evaluation, some questions may be asked about my alcohol and drug use and treatment and reproductive health. I understand this information will be shared with DCF, including the social workers. They will keep this personal information confidential and will not share it with anyone else unless given permission by me or my lawyer, or unless ordered by a judge. The purpose of this authorization/disclosure is to provide information to DCF for use in case planning.

I understand that refusal to sign this authorization form will not affect my right to obtain present and future services from DCF, except where disclosure of the records requested is necessary for services.

If I change my mind about this authorization, I understand it will not apply to any information already disclosed. I also understand the information that is disclosed to DCF may be re-disclosed according to federal law.

The signature below indicates informed consent and medical permission to conduct the MDE and the release of medical information by the child or youth

Last Name of Child/Youth:	First Name: of Child/Youth
Signature of Child/Youth Granting Permission:	Date: