



Human Services
Beaufort County

Collaborative Service Coordination
**Release and/or Exchange of
Information Authorization**

Return completed form to cosy@bcgov.net

Confidentiality Statement:

The Beaufort County Human Services Department, a division of Beaufort County Government, develops and facilitates an effective continuum of support for Beaufort County children, youth, or adults and their families who may need coordinated services. This is provided through a process called Collaborative Service Coordination. The Human Services Department will not disclose any personally identifying information or individual information (name, date of birth, address, phone number, email, etc.) collected in connection with services requested, used, or denied without the client's permission. Exceptions may include:

- 1) When a person is a danger to self or others;
- 2) When a person discusses the abuse or suspected abuse of a child, elderly person, or person with a disability;
- 3) When the agency is court-ordered to release information.

If ordered by the court to release information and/or records, Beaufort County Human Services Department will use the following guidelines to protect the safety and privacy of individuals receiving services:

- Notify the client(s) affected by the disclosure
- Discuss possible consequences of the release
- Discuss client's wishes in authorizing the release of information
- Seek legal counsel regarding legal options, such as quashing the subpoena, limited review of records, etc.

If/when a person wants to give permission to have information communicated (verbally, in writing, or through other means) with another individual or agency the following information must be completed and signed by the parent, parents, or legal guardian.

I understand that alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., Parts 160 and 164, and cannot be disclosed without written consent unless otherwise provided for in the regulations.

Person Authorizing the Release of Information: _____

print name



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Person(s) and/or Agency(s) to Whom the Information May be Released to:

▪ Beaufort County Alcohol and Drug Abuse Department	▪ Coastal Empire Community Mental Health Center
▪ Beaufort County Department of Juvenile Justice	▪ Hopeful Horizons
▪ Beaufort County Disabilities & Special Needs	▪ SC Department of Health & Environmental Control / WIC
▪ Beaufort County First Steps	▪ SC Cass Elias Guardian ad Litem Program
▪ Beaufort County School District Early Education and Student Services	▪ SC Department of Social Services SNAP, TANF & Family Support Services
▪ Beaufort County Sheriff's Office School Resources	▪ SC Department of Health and Human Services BabyNet
▪ Beaufort-Jasper Economic Development Commission Head Start	▪ SC Department of Children's Advocacy Continuum of Care
▪ Beaufort-Jasper-Hampton Comprehensive Health Services	▪ SC Department of Vocational Rehabilitation
▪ Beaufort Pediatrics	▪ United Way of the Lowcountry
▪ Child Abuse Prevention Association	▪ Wright Directions Family Services

Information to Be Released:

Any relevant information related to coordinating services in support of the participant.

Purpose for Release of Information:

To facilitate a plan among the Services Planning Team for the coordination of supportive services.

Methods of Exchanging Information:

Verbally, in writing, and/or email.

Date this Consent Expires: TBD by: _____



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I understand I have a right to cancel or change this consent at any time but must notify the Beaufort County Human Services Department in writing to cancel or change the release.

I have been advised about and understand the following:

- 1) The specific information that is going to be released;
- 2) The risks and benefits of releasing the confidential information;
- 3) That the Beaufort County Human Services Department and I may not be able to control what happens to the information once it has been released to the Services Planning Team, and that the agency to whom the information is released may be required by law or practice to share it with others;
- 4) That a limited release of information can potentially open up access to others to all of my confidential information held by the Beaufort County Human Services Department; and
- 5) The method by which the information will be released (e.g., phone, copied documents sent by mail, e-mail, etc.) and the risks of such a method of communication.

Signature: _____
Person Authorizing the Release

Date: _____

Signature: _____
Additional Parent or Guardian (*optional*)

Date: _____