



GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak Timothy C. Lennon Ralph Spidalieri

DEPARTMENT OF JOB AND FAMILY SERVICES

12480 Ravenwood Drive, P.O. Box 309, Chardon, Ohio 44024

*Craig A. Swenson,
Executive Director*

GEAUGA COUNTY JOB AND FAMILY SERVICES

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ give the following agencies and/or persons my permission to release and/or obtain information about myself and/or my family: _____

(Self/Family member's name)

Communication may be written and/or verbal. My **initials** indicate those agencies I give permission to release and/or obtain information about myself and/or my family.

_____ Catholic Charities	_____ Lake/Geauga Center	_____ Help Me Grow
_____ WomenSafe	_____ Windsor-Laurelwood	_____ Social Media
_____ Metzenbaum Board of DD	_____ Probation	_____ Family First Council
_____ Geauga County JFS	_____ Geauga UH Hospital	_____ Family Pride
_____ Chardon Municipal Court	_____ Geauga Court of Common Pleas	
_____ Doctor/Hospital (specify) _____		
_____ School (specify) _____		
_____ Other (specify) _____		
_____ Other (specify) _____		
_____ Other (specify) _____		

_____ Initials I understand that such information released and/or obtained may include the complete case history as shown by the records and any other information related to me and/or my family's physical, medical, mental health, chemical dependence, emotional and/or social condition.

_____ Initials I understand that the information is to assist Geauga County Job and Family Services in monitoring compliance and progress toward achieving goals outlined in the case plan as well as to assist in the planning of services.

NOTE: This information has been disclosed to you from records whose confidentiality is protected from disclosure by federal and State law. 42 C.F.R. Part 2, Section 5122.31 and/or Section 3701.243 of the Ohio Revised Code prohibits you from making any further disclosure of it without the specific written and informed release of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

This consent and authorization will remain valid for 180 days from the date of the client's signature unless an earlier date is specified. This consent and authorization may be revoked by me in **writing** at any time. It must be signed, dated, and delivered to 12480 Ravenwood Drive, Chardon, Ohio 44024. Canceling it applies to that day forward and not to information already shared.

HIPAA (Health Insurance Portability and Accountability Act) "covered entities" may not condition treatment, payment, enrollment or eligibility for benefits on whether this consent and authorization is signed.

Authorization Date: _____

Expiration Date: _____

Signature

Relationship

Date

GCJFS Staff Signature or Witness

Relationship

Date