**M-CAAP: Massachusetts Child and Adolescent Assessment Protocol**

**Authorization and Consent for Release of Information**

Individual: DOB: Current Age:

I, :

 \_ am the above named individual and aged 18 years or older

 \_ am the parent or legal guardian of the above-named individual

I hereby authorize (evaluator)                                                   to obtain information relevant to the person or entity from whom information may be obtained: (1) psychological, psychiatric, psychosocial, psychoeducational, or similar testing and assessment or other related services or interventions; (2) therapy, counseling, or other forms of mental health or psychosocial treatment or interventions, including psychiatric hospitalization and mental health or other relevant diagnoses; (3) school and educational accomplishment, engagement, special education services, individualized education programs (IEP), school counseling or guidance, behavioral and social history in the school setting, and school or educationally-related testing and assessment; (4) relevant medical history, including early and ongoing development and history of prior and current medications and medication management, including psychiatric medication; (5) developmental, psychosocial, and family history and functioning; (6) history of substance use, fire setting, aggression, and self-harm; (7) current legal standing and legal and probation/parole history; and/or (8) History of actual/substantiated/adjudicated or alleged sexually abusive, harmful, or problematic sexual behavior.

The information is to be released for:

 \_Assessment \_Treatment Planning/Recommendations \_ Other:

I authorize the release of information from the following individual, school, state or private agency, court or probation department, attorney, or other entity:

Name Role/Title/Function Agency/School/Court/Other

**Records Requested:** Yes       No

Requested case records may include: (1) records of educational testing, cognitive/intellectual functioning, educational achievement, special education and IEPs, school adjustment or guidance, and behavioral and social history in the school environment; (2) records of mental health or psychosocial treatment or counseling, including admission/intake, progress, and discharge reports, and/or behavioral plans, records of psychological or psychoeducational testing, records of psychiatric evaluation and management, or psychiatric hospitalization, and other pertinent treatment records; (3) state agency or private agency case history reports; (4) social or legal case history and/or court records, including police records; (5) records of pertinent medical history; and/or (6) prior psychosexual or sexual risk assessment reports. Other written records may be additionally requested.

*I understand that my consent to release information is voluntary and that these records are protected under Federal Confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without written consent unless otherwise provided for in the regulations.*

*I understand that this consent to release information is in effect until (date), but I may revoke this consent at any time either in writing or verbally, except to the extent that action has been taken in reliance on it (e.g., probation, parole, etc.).*

*Signature of individual granting consent Date*

*Relationship of individual signing consent form to individual being evaluated*