



CLIENT AND/OR PARENT CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION

Purpose of this agreement: A team of social service and alternative education providers, employment programs, YMCA Alive & Free outreach workers, school staff, other community based program representatives and Juvenile Probation counselors has been formed to provide coordinated services and more direct opportunities for education, job training and safe lifestyles for young people who have are at-risk, or have been affected by gang/group involved violence and/or juvenile justice system involvement. This intervention team is in collaboration with the Center for Children & Youth Justice (CCYJ) and local community partners. By signing this form, you are giving permission for the intervention team members and organizations to share personal information/what they have learned from you for the purposes of providing better supportive services to help you achieve your goals. Team members or other program staff will not share confidential, identifying information with anyone without your consent. Information shared with Youth LINC team members will be shared and used only in furtherance of Youth LINC goals and assisting agencies in providing coordinated, culturally competent and individualized services to Youth LINC clients.

As a participant of this project: Service providers, which may include your Case Manager, Outreach Worker and others as applicable, will work with you to identify your goals and needs, and enroll you in services offered through Youth LINC. This service information, as well as relevant demographic information, will be updated periodically through your participation in the project. This information is held in a strict and secure database only accessible by intervention team members. When you are enrolled as a participant, you will receive a personalized plan of services and goals related to your interests and needs. Services such as employment training, drug and alcohol counseling, housing assistance, anger management, community programs, and others will be provided to you as outlined in your plan. An Outreach Worker will be assigned to you to help you navigate services and help you to reach your goals and achieve success.

The team works to achieve several goals:

- Getting the people in your community to work together to prevent and stop violence and juvenile justice system involvement.
- Working with youth and families who are affected by violence to help them address their needs and achieve their self-identified goals.
- Provide quality job readiness and employment training to broaden employment opportunities for youth.
- Work with schools, law enforcement, and other organizations to prevent violence and help youth succeed.

Client Name (Last, First, MI):	DOB (mm/dd/yy):	Client ID #:
Address:	City:	State/Zip:
School District:	Enrolled: Yes/No	Last date of active school attendance?



Authorization For Release of Confidential Information

I authorize the SKCCCG Intervention Team representatives and partner agencies to exchange information about me in order to better plan and coordinate services for myself and my family. I understand that the information may be provided verbally or by secure computer data transfer, mail, fax, or hand delivery. SKCCCG Intervention Team partner agencies include, but are not limited to:

- King County Juvenile Probation Department
- King County Employment and Education Resources
- Juvenile Rehabilitation Administration
- Safe Futures Youth Center (SFYC)
- Consejo Counseling and Referral Services
- Valley Cities
- YMCA Alive & Free Program
- Tukwila Police Department
- Renton Area Youth and Family Services (RAYS)
- Kent Youth and Family Services
- Auburn School District
- Other (Specify):
- Southwest Youth and Family Services
- Boys and Girls Clubs of King County
- Renton School District
- Tukwila School District
- Highline School District
- Renton Police Department
- King County Sheriff's Office
- Des Moines Police Department
- Center for Children & Youth Justice (CCYJ)
- Union Gospel Mission

I understand that all SKCCCG Intervention Team members have signed a confidentiality agreement stating that my personal information only be shared with the team members and used strictly for the purposes of the SKCCCG Intervention Team Program for your individual benefit.

This consent is good for up to one (1) year or until _____ (whichever comes first).

I understand and agree to the exchange of information authorized in this form. I understand I may revoke this consent at any time, but I understand that revocation will not affect any information that was previously exchanged. A copy of this form is valid to give my permission to share records. I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 CFR Pts 160 & 164, and the Family Educational Rights and Privacy Act ("FERPA") and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I am signing on my own and have not been pressured to do so. I have received a copy of this form and the SKCCCG Intervention Team Partner Agreement on Nondisclosure of Confidential Information for my personal records.

Client Signature	Client Name	Date
Parent or Legal Guardian's Signature (if available)	Phone #	Date
Juvenile Probation Counselor Signature (if applicable)	Juvenile Probation Counselor Name	Date

