COOK INLET COUNSELING

P.O. BOX 882 KENAI, AK 99611
KENAI PHONE 283-3658 ♦ HOMER PHONE 235-8001

AUTHORIZATION FOR TREATMENT OF A MINOR

I, _____, parent or legal guardian of _____, a minor child, authorize Cook Inlet Counseling to provide treatment services for my child. Treatment would include the regular services provided by the agency including group and individual counseling, care coordination, and random drug/alcohol screens. Although a parent or guardian must provide authorization for a minor to receive treatment, CIC is required to have a signed, release of information from the minor in order for any information about the minor to be released to the parent or guardian. I also understand that I am legally responsible for the cost of any services provided.

I understand that in order for counseling to achieve success with any character, their confidentiality desires to be respected, even within the case of a minor child, with exceptions of if the minor is a danger to him/herself or to others.

I understand that any and all information in my records is protected under Federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and HIPAA 1996, and cannot be disclosed without my written consent unless otherwise provided for in the regulations (in a covered life-threatening emergency, child abuse or neglect, threatened or actual crime at this program or against staff or appropriate court order by a judge) With this understanding, I am authorizing release of the above specified information for the purpose(s) noted below. The recipient of this information may not disclose any of it without my further written consent except as provided for by Federal regulation 42 CFR Part 2 and HIPAA.

_____	_____	_____
Parent or Guardian's Signature	Relationship to Minor	Date signed

_____
Parent or Guardian's Address (Street, City, State and Zip)

_____	_____	_____
Other Parent or Guardian's Signature	Relationship to Minor	Date signed

_____
Other Parent or Guardian's Address (Street, City, State and Zip)