



RELEASE OF CONFIDENTIAL INFORMATION FOR VOLUNTEER SERVICES

Purpose: This form is used to obtain a DFPS client's authorization to release confidential information to a DFPS-affiliated volunteer or volunteer organization if necessary for the client to receive services from the volunteer or organization.

Directions: The DFPS worker completes the form, obtains the client's signature after explaining the need to share certain information with the volunteer or volunteer organization, and returns the form to the appropriate DFPS staff member. Please email the DFPS Community Engagement inbox at COMENGA@dfps.state.tx.us If you have any question about who is the proper DFPS staff member to process the form

CLIENT INFORMATION			
Full Name:		Date of Birth:	Telephone Number:
Street Number:	Street Name:	Apt. No. (if applicable):	City
County:	State:	Zip Code:	

VOLUNTEER INFORMATION (IF AVAILABLE)		
Full Name:	Date of Birth:	Telephone Number:



DESCRIPTION OF EVENT OR SERVICES

Describe the event or service:

Describe the confidential information to be released:

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).



SIGNATURES

I understand that I may refuse to sign this form and that my refusal to sign it will not affect my DFPS case or my eligibility for DFPS services now or in the future.

I understand that all the information shared with the volunteer listed above is confidential.

I understand that by signing this form, I am only authorizing the release of the specific information listed above for the purpose(s) listed above and that this authorization will expire upon the receipt of the goods or services listed above.

I understand that alcohol and drug treatment records are protected by federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. (For more information, see Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2.)

I understand that I may see and copy the information described on this form as provided by federal regulations and then I will get a copy of this form after I sign it.

I understand that I can revoke this authorization at any time but that any revocation does not affect past disclosures.

I understand that if I sign this form, the signed form will be filed in my case file.

Child's Parent or Legal Guardian: X	Date Signed:
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