

**Los Alamos JJAB Resource Advocate and Los Alamos Public Schools
Authorization to Release Client Information/Confidentiality Agreement**

Client Information:

Name _____

Phone _____ Email _____

All information will remain confidential unless I have authorized its exchange below, except in the following circumstances: danger of one acting on suicidal or homicidal thoughts, danger of injury to oneself or others, suspected child or vulnerable-adult abuse or neglect, or court subpoena.

For the purpose of effective client advocacy, I _____, as the legal guardian and/or custodial parent of _____, DOB _____, authorize the mutual exchange of information regarding said minor child between the Los Alamos JJAB Resource Advocates and the Los Alamos Public Schools, and the following person(s):

- Family/Friends _____
- Medical Health Professionals _____
- Behavioral Health Professionals _____
- Other Agency _____
- Other Person(s) _____

This authorization may be revoked at any time by submitting a written request to the LA JJAB Resource Advocate at P.O. Box 4716, Los Alamos, NM 87544 or at jjabreferral@gmail.com. I hereby certify that this request has been made voluntarily.

Client Signature _____ Date _____

____ I decline any further services from the JJAB Resource Advocates (please initial to decline services).

I hereby certify that I have explained to the client identified above the purpose of this disclosure of information and the purpose for obtaining the requested information. I understand and have explained to said client that the information obtained is to be maintained strictly confidential and cannot be re-disclosed to any third party without the expressed written consent of the client or as stated herein.

JJAB Resource Advocate: _____ Date _____

LAPS Representative: _____ Date _____

____ We have discussed how we will handle casual encounters.

