

**Child and Family Resource Network
Release of Information**

The purpose of this **RELEASE OF INFORMATION** is to help expectant parents, young children and their families receive services in Pottawattamie County that are the most appropriate for their family.

Participant name: _____ **DOB:** _____
PLEASE PRINT

If under 18 years of age, parent or legal guardian: _____

I, _____, hereby authorize Jordan Morse, Coordinated Intake Specialist, and the agencies listed below, who offer home visiting and family support services to expectant parents, young children and their families, to release information, obtain, and/or electronically exchange my name and/or my child(ren)'s name, address, phone number and referral information.

Council Bluffs Community School District

Student and Family Services-300 W. Broadway Suite 1600, Council Bluffs, IA 51503 (712)328-6423

FAMILY, Inc.-3501 Harry Langdon Blvd, Suite 150, Council Bluffs, IA 51503 (712) 256-9566

Lutheran Family Services of Nebraska, Inc.-300 W. Broadway, Suite 7, Council Bluffs, IA 51503 (712) 242-1040

Pottawattamie County WIC-300 W. Broadway, Suite 9, Council Bluffs, IA 51503 (712) 328-5886

Promise Partners-3501 Harry Langdon Blvd, Suite 160, Council Bluffs, IA 51503 (712) 256-9920

Visiting Nurse Association of Pottawattamie County-822 South Main St. Suite 102, Council Bluffs, IA 51503 (712) 328-3990

West Central Community Action-P.O. Box 709, Harlan, IA 51537 (712) 755-7537

Address	City	State	Zip Code	Phone #
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I understand that unless I initial the lines below indicating my specific authorization to release information, Federal and Iowa Laws prohibit the disclosure of information relating to substance abuse, mental health and HIV related information. I specifically authorize the release of data and information relating to:

- _____ 1. Substance Abuse (Alcohol/Drug Abuse)
- _____ 2. Mental Health (Including Psychological Testing)
- _____ 3. HIV-Related Information (AIDS Related Testing)

Signature of Parent(s) or Legal Guardian(s)	Date
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Signature of Witness/Agency Personnel

This authorization will expire 90 days from date of signature.

This authorization may be revoked at any time by sending a written request to: Pottawattamie County WIC.

In order for the above information to be released, you must sign above. This information has been disclosed to you from records protected by federal confidentiality rules for alcohol/drug abuse records (42 CFR part 2), state law for mental health records (Iowa Code Ch. 141). These rules/law prohibit you from making any further disclosure of this information unless further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. Civil damages and criminal penalties may be applicable to the unauthorized disclosure of this information. This federal rule relating to alcohol/drug abuse records restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Child and Family Resource Network

Parent/Guardian:				Phone:				
Address:				Alternate Phone:				
City:				call	text	email	Voicemail Y/N	
Zip Code:	County:			email:				
Best time to contact?	M	T	W	TH	F	AM	PM	Weekend
Household Members	M / F	DOB	Age	Relation	Other services:	Language		
				Self				

*Add additional household members to reverse if needed.

Household income?	\$	week	month	year			
Are you interested in parenting classes/groups?					Yes	No	
Current Pregnancy:	Yes	No			Due Date:		
Been to doctor?	Yes	No			Dr. Name:		
First pregnancy?	Yes	No			Date of last Dr. visit:		
Breastfeeding?	Yes	No	Undecided		School:		
Topics of Interest			Concerns				
newborn or toddler care			medical/dental				
crying prevention			housing needs				
school readiness			unemployment				
parenting skills, discipline			lack of support				
parent/child interaction			substance abuse				
potty training			mental well-being				
developing routines			domestic violence				
infant massage			budgets				
teaching kindness and respect			education/job training				
surviving the toddler years			goal setting				
social skills			breastfeeding				

*Referral Source:
Program funded by Promise Partners*

Email jordan.morse@pottcounty-ia.gov or call (712)355-2615