



**Children's Advocacy Center of
Tom Green County, Inc.
Court Appointed Special Advocates (CASA)
Guardian Ad Litem Program
San Angelo, Texas (325) 653-4673**

Authorization for Disclosure of Information

I authorize the disclosure of information about me as described below.

1. The information is authorized to be disclosed by any and all hospitals, medical clinics, medical associations, physicians, mental health professionals, drug and substance abuse treatment centers and professionals, medical personnel, healthcare providers, law enforcement entities, and any affiliated entities, and the custodian(s) of records thereof or by Child Protective Services in the event that it is in possession of said records.
2. The information is authorized to be disclosed to the bearer hereof, or of any photostatic copy hereof, being a representative of CASA, Court Appointed Special Advocates/GAL.
3. A description of information to be disclosed is all information concerning:
 - (1) criminal investigations and criminal or law enforcement records regarding me, including probation records obtained by Child Protective Services;
 - (2) records regarding my evaluation, treatment and testing for substance abuse;
 - (3) medical records of any hospitalization, treatment, examination, evaluation, billing, prescriptions, or any documents, records or other information pertaining to my physical and mental health or treatment, past, present or future from the date hereof that are in your possession, custody or control whether or not originating through you; and
 - (4) any records regarding me within the possession of Child Protective Services regarding services provided to me, past services provided to me by CPS, and any investigation history (past or present).
4. This authorization includes the copying or photostatic copying of any such documents, records or information.
5. The purpose for the disclosure of such information is to fulfill the request of the undersigned person.
6. I understand that if the person or entity that receives the information is not covered by privacy regulations, the information described above may be redisclosed and no longer protected.
7. A copy of this signed authorization is intended to have the same force and effect as a signed original.

Signature

Date:

Name: _____
Date of Birth: _____

Social Security No.: _____