

Westmoreland County Referral and Release

Child and Family Demographic Information:

Child's Name: _____ DOB: _____

Parent/Guardian: _____

Parent Address and Phone number: _____

Child's MA# _____

Date _____

Order/evaluation Information:

Date of order or evaluation:

Person writing order or completing evaluation:

Please attach order or evaluation summary with this referral and release

Release of Information

As the parent/guardian of _____, I understand and agree that my child's order (or evaluation) will be sent by encrypted email to the Westmoreland County Behavioral Health & Developmental Services office.

I also understand and agree that my child's order (or evaluation) will then be shared by the Westmoreland County Behavioral Health & Developmental Services office with Westmoreland Case Management & Supports to allow the service navigator to contact me for navigation assistance and/or support.

Signature of Parent/Guardian: _____ Date: _____

ONLY For youth over the age of 14 years*

I, _____, understand and agree that my order (or evaluation) will be sent by encrypted email to the Westmoreland County Behavioral Health & Developmental Services office.

I also understand and agree that my order will then be shared by the Westmoreland County Behavioral Health & Developmental Services office with Westmoreland Case Management & Supports to allow the service navigator to contact me for navigation assistance and/or support.

Signature : _____ Date: _____

I have read and understand the above releases and have been offered a personal copy upon completion. I understand that disclosures made in good faith may occur based on my issued authorization and that revocation cannot apply retroactively to such disclosures. Records already released by valid authorization cannot be retracted. The parties hereto are hereby released from any legal responsibility or liability for disclosure of information previously authorized by this Referral and Release.

Signature : _____ Date: _____