

## **CROSSOVER YOUTH CONSENT TO SHARE CONFIDENTIAL INFORMATION:**

*This form is designed to be used by agencies that collaborate with one another to plan, coordinate and deliver services to crossover youth<sup>1</sup> and their families.*

**Please read this consent form carefully and, if you have a lawyer, consult with him/her before signing. Your child should also consult with his/her attorney(s) before signing this form.**

You are being asked to sign this form because your child was recently arrested and your family has an open child welfare case. To decide the most appropriate services for your child as s/he goes through the court process, child welfare and juvenile justice would like to discuss how the systems can work together to coordinate services.

Information sharing between agencies cannot happen without your consent. If your child consented to certain treatment including mental health, substance abuse or alcohol treatment, only your child can consent to the release of this treatment information. If you (or your child) choose not to sign this form, it will not affect your child's delinquency case. The delinquency case will go forward, but there will not be ongoing communication between providers unless ordered by the court.

### **PART 1: WHY THE INFORMATION IS BEING SHARED**

The sharing of this information is intended to help coordinate between the different agencies serving the child and family and to identify the most appropriate course of action. The goal is to make sure that the services and tasks will meet the child's needs and are not conflicting with referrals that have already been made. The information will be shared to coordinate services for the youth being discussed.

### **PART 2: WHO CAN RECEIVE THE INFORMATION**

I agree that information will be shared and discussed among the NYC Department of Probation (DOP), the NYC Administration for Children's Services (ACS), the foster care and/or preventive services agencies listed here, any Alternative to Detention program, Alternative to Placement Program, or Secure, Limited Secure, and Non Secure Placement provider, DYFJ Detention and any other persons listed here (all individuals, parties, programs and/or agencies, except for DOP and ACS, must be specified here):

### **PART 3: WHAT INFORMATION CAN BE SHARED**

#### **JUVENILE JUSTICE INFORMATION**

The following information about my child's delinquency case may be shared with ACS and the agencies and persons named above (*check all that apply*):

- Facts surrounding my child's most recent arrest, if relevant
- My child's education records (select applicable records)
  - School enrollment history

<sup>1</sup> "Crossover youth" means a youth who is involved in both the child welfare and juvenile justice systems.

- Attendance record
- Academic record
- Special education classification, if applicable
- Other:

- Compliance with probation, ATD compliance/attendance, or ATP compliance/attendance
- Other information, specified here:

**ACS & FOSTER CARE/PREVENTIVE AGENCY INFORMATION**

During the juvenile delinquency case, ACS and the foster care/preventive agencies may share the following information about my child with DOP and the agencies and persons specified in Part 2 above (*check all that apply*):

- Indicated SCR reports involving this child (except that any information regarding the source of the report shall be redacted)
- Foster care information, including:
  - Service plan
  - Participation in Services (excluding information relating to parties other than myself and my child)
  - Permanency and planning goal
  - Child's current and prior placement history
  - Court dates and procedural history of child welfare case
  - Allegations, findings, dispositional orders and other orders
- Information about preventive services being provided (excluding information relating to parties other than myself and my child), including (*write in services*):
- My child's education records (*select applicable records*):
  - School enrollment history
  - Attendance record
  - Academic record
  - Special education classification, if applicable
  - Other
- My child's mental health information, including diagnosis, current treatment information, medications. (*If the child consented to the mental health treatment, only the child can consent to the release of mental health treatment information.*)
- My child's substance abuse or alcohol treatment information, including diagnosis, current treatment information, medications. (*If the child consented to the substance abuse or alcohol*

*treatment, only the child can consent to the release of substance abuse or alcohol treatment information.)*

**OTHER AGENCIES WITH INFORMATION TO SHARE**

The other agencies specified in Part 2 above who are involved in the delinquency case may share the following information about my child with DOP, ACS and the foster care/preventive agencies and other meeting participants named above (*check all that apply and specify the agency permitted to share the information*):

- Department of Education: Education records, specified here:
  
- Mental health services provider: Mental health information about my child including diagnosis, current treatment information, medications. (*If the child consented to the mental health treatment, only the child can consent to the release of mental health treatment information.*)
  
- Substance abuse or treatment provider: My child's substance abuse or alcohol treatment information including diagnosis, current treatment information, medications. (*If the child consented to the substance abuse or alcohol treatment, only the child can consent to the release of substance abuse or alcohol treatment information.*)
  
- Other information, specified here (include name of agency/organization providing information):

**PART 4: HOW THE INFORMATION CAN BE USED**

The information to be shared is limited in the following ways:  
*(Fill this part in if, for example, the information should be limited to certain time periods or certain services. If no such limitations are needed, indicate "no limitations".)*

**PART 5: WHEN DOES CONSENT END**

**This consent ends when the Delinquency case is dismissed by the Court or upon the completion of dispositional services.**

I understand that I can terminate this consent at any time by completing the attached form and mailing it to the address provided. I also understand that records shared before this consent is terminated may not be returned.

**PART 6: RE-DISCLOSURE**

I agree that my child will participate in the following services and activities:

To put this plan into place, I agree that information may be shared with the following persons/agencies:

The following information shall not be shared: (*Child welfare personnel cannot guarantee that information shared will remain confidential. ACS cannot limit re-disclosure that may be permitted by law or contract.*)

**PART 7: CONSENT**

**I understand that state and federal law prohibit persons that receive child welfare, mental health, alcohol or drug abuse, and education records from re-disclosing those records without permission. I also understand that information will only be shared as described in this form.**

**Any information that the child him/herself has the right to keep confidential under Federal and State law and regulations will not be shared without the child’s written consent. (Examples are records related to sexual and reproductive health, HIV and AIDS-related information.) The child should consult with his/her attorney before consenting.**

**\*Child welfare personnel cannot guarantee that information shared will remain confidential. ACS cannot limit disclosure that may be required by law or contract. Information from this meeting will be documented in the case record, and it may be used for case planning, in subsequent court proceedings, and in the investigation of a new allegation of abuse or maltreatment should such information arise.**

Parent/Guardian			
Relationship to child			
Child’s name			
Child’s date of birth			
Signature of Parent/ Guardian		Date	
Signature of Child <i>(If your child consented to certain treatment including mental health, substance abuse or alcohol treatment, only your child can consent to the release of this treatment information.)</i>		Date	

## IMPORTANT CROSSOVER CONTACTS

Probation Officer		Phone	
Probation Supervisor		Phone	
ACS/Agency Contacts		Phone	
Other Contacts		Phone	

## TERMINATION OF CONSENT

*Should only be completed when parent or child is withdrawing consent*

By signing this form I am saying that I no longer want ACS, any ACS contracted Agency and the Department of Probation to share information with each other regarding my child's criminal case or my child welfare case.

If your child consented to the sharing of certain treatment information, including mental health, substance abuse or alcohol treatment, only your child can terminate consent to share this information.

This information should be mailed to:

Name		Contact Information	
Name		Contact Information	

**BY SIGNING THIS FORM I AM TERMINATING MY CONSENT TO SHARE THE FOLLOWING INFORMATION, EXCEPT WHEN DISCLOSURE IS PERMITTED BY LAW:**

### JUVENILE JUSTICE INFORMATION

- Facts surrounding my child's most recent arrest
- My child's education records (select applicable records)
  - School enrollment history
  - Attendance record
  - Academic record
  - Special education classification
  - Other:
- Compliance with probation, ATD compliance/attendance, or ATP compliance/attendance
- Other information, specified here:

### ACS & FOSTER CARE/PREVENTIVE AGENCY INFORMATION

<input type="checkbox"/> Indicated SCR reports involving this child			
<input type="checkbox"/> Foster care information, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Service plan</li> <li><input type="checkbox"/> Service participation (excluding information relating to parties other than myself and my child)</li> <li><input type="checkbox"/> Permanency and planning goal</li> <li><input type="checkbox"/> Child's current and prior placement history</li> <li><input type="checkbox"/> Court dates and procedural history of child welfare case</li> <li><input type="checkbox"/> Petitions, findings, dispositional orders and other orders</li> <li><input type="checkbox"/> All of the above</li> </ul>			
<input type="checkbox"/> Information about preventive services being provided to my family that involve my child,:			
<input type="checkbox"/> My child's education records ( <i>select applicable records</i> ): <ul style="list-style-type: none"> <li><input type="checkbox"/> School enrollment history</li> <li><input type="checkbox"/> Attendance record</li> <li><input type="checkbox"/> Academic record</li> <li><input type="checkbox"/> Special education classification</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> All of the above</li> </ul>			
<input type="checkbox"/> My child's mental health information, including diagnosis, current treatment information, medications. ( <i>If the child consented to the sharing of mental health treatment information, only the child can terminate consent to share this information.</i> )			
<input type="checkbox"/> My child's substance abuse or alcohol treatment information, including diagnosis, current treatment information, medications. ( <i>If the child consented to the sharing of substance abuse or alcohol treatment information, only the child can terminate consent to share this information.</i> )			
Parent/Guardian name			
Relationship to child			
Child's name			
Child's date of birth			
Signature of Parent/Guardian		Date	
Signature of Child <i>(If your child consented to sharing certain treatment information, including mental health, substance abuse or alcohol treatment, only your child can terminate consent to share this treatment information.)</i>			