



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

BUREAU OF SOCIAL SERVICES ADMINISTRATION
DIVISION OF PUBLIC WELFARE

CONSENT FOR DISCLOSURE OF CLIENT INFORMATION

This information is to be released from records whose confidentiality is protected by Federal law regarding right to privacy, which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information will not be sufficient for this purpose.

1. Name of Program to Give Information: DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, CHILD PROTECTIVE SERVICES
2. Name of Person or Organization to Receive Information: DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, HOME EVALUATION & PLACEMENT SERVICES
3. Name of Client (Print Name):
4. Purpose or Need for the Disclosure (Please be very specific): VERIFICATION OF ANY REFERRALS OF CHILD ABUSE/NEGLECT ON THE INDIVIDUAL
5. Extent or Nature of Information to be Disclosed (Please be very specific): OUTCOME OF INVESTIGATION, INCLUDING FINDINGS AND RECOMMENDATIONS, IF APPLICABLE

The client may revoke this Consent for Disclosure of Client Information at any time.

This Consent shall be effective immediately and shall remain in effect until (date): _____

_____ Signature of Client/Guardian/Parent Date: _____	_____ Signature of Person Requesting Information Date: _____
I HEREBY REVOKE CONSENT FOR DISCLOSURE OF THE INFORMATION TO THE PERSON OR ORGANIZATION ABOVE AS OF: _____	
_____ Signature of Client/Guardian/Parent	_____ Date: