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**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

**REQUESTED BY CPS**

This consent authorizes the release of class records for Court Mandated Parenting Classes as it relates to individual parents.

*I,* *, as the attendee of court mandated parenting classes through the Birth & Beyond program, authorize the release of class records when requested by Child Protective Services or the Sacramento County court system.*

I recognize that Sites must share (In accordance with the Welfare and Institution Code 16507.7 Requirements for Parenting Class, with appropriate consent):

1. *Level of participation by parents.*
2. *Number of course hours completed.*
3. *Topics covered during attendance in class by a parent and topics covered during a parent’s absence from the class.*
4. *Assessment of a parent’s gain in their knowledge about parenting as demonstrated by tests prior to and after the parenting course. i*

I understand that my records are protected under State and Federal confidentiality statutes/regulations and cannot be disclosed without my written consent, unless otherwise provided for in the statutes/regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it, and that in any event, THIS AUTHORIZATION EXPIRES AUTOMATICALLY ONE YEAR AFTER THIS DATE.

**For Minor Parent(s), the parent, guardian, or legally authorized representative for the Minor Parent must provide their signature authorizing the Minor Parent to release confidential information from the FRC in the B&B program.**

**Name of Minor Parent Name of Parent/Guardian/ Date**

**Legally Authorized Rep.**

I release the participating agencies and employees of the participating agencies listed above from any and all liability arising from this release of records and/or information.

DATE: , at

City, County, State

***Parent****(s)****/Guardian****(s)* ***Signature:***

***B&B Staff/Witness Signature*** *(Staff/Witness Signature)****:***

The family has a right to receive a copy of this authorization (Civil Code 56.10). A copy of this document is as valid as the original.

I hereby acknowledge receipt of a copy of this authorization.

Initials Date

i Welfare and Institution Code 16507.7 Requirements for Parenting Class