

111 Charter Oak Avenue  
Hartford, Connecticut 06106  
(860) 247-2732  
Fax (860) 246-3304  
www.crec.org

**Authorization for Release and Exchange of Information**

I, \_\_\_\_\_, hereby authorize, **CREC Public Safety Academy**  
(student/parent/guardian) (program, person, school, organization)

to release to/obtain from (please circle):

\_\_\_\_\_  
(Public Safety Agency, Cadet or Junior Program, Explorer Post) (address)

confidential records regarding myself or the individual named below:

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's DOB)

This disclosure is limited to the following information/documents:

Educational, Medical, Psychological, Psychiatric, Other: *(please specify)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The disclosure of information is required for the following purpose(s):

**To provide any information requested by the agency / department / program that may be necessary to confirm eligibility for enrollment and/or ongoing participation in the program.**

This consent becomes effective \_\_\_\_\_, 20\_\_ and may be revoked by the undersigned at any time except to the extent that action has already been taken. If not revoked, it shall automatically terminate at the end of one year from the effective date. I agree that a photocopy of this consent form shall be as valid as the original.

I understand that under applicable law the information disclosed in this consent form may be subject to further disclosure by the recipient and thus, may no longer be protected by Federal privacy regulations under the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my/my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this Authorization and that I may refuse to sign it.

**Signature:** \_\_\_\_\_  
(Student/Parent/Guardian/Authorized Representative)

**Date:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_ Self \_\_\_\_ Parent \_\_\_\_ Guardian

Any information released to CREC hereunder by authorized persons is subject to the following notices:

Psychiatric Information:

In the event that information released constitutes confidential psychiatric information protected under Connecticut Law:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of it or of using it for any purpose other than that indicated above without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law.

Drug and Alcohol Abuse Information:

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records regulations:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HIV-Related Information:

In the event that information released constitutes confidential HIV-related information protected under Connecticut law:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.