Notice of Disclosure of Information

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Last Name First Name M.I.

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM/DD/YYYY

In order to provide for the best care and protection of the children in our community, the Samson County CAC collaborates with a multi-disciplinary team made up of medical providers, the Department of Social Services, law enforcement, prosecutors, mental health providers, victim advocates and others on each case.

North Carolina General Statute §7B-3100 and the attached Administrative Order (the “Order”), are intended to facilitate sharing of information between our multidisciplinary team members for the assessment of a report of child abuse, neglect, or dependency or the provision or arrangement of protective services in a child abuse, neglect, or dependency case by a local department of social services or in any case in which a petition is filed alleging that a juvenile is abused, neglected, dependent, undisciplined, or delinquent. In these situations, the local agencies named in the Order, including the Sampson County CAC, are required to share information, whether confidential or not, concerning the child named above for protection of the child upon request of any other agency listed in the Order. This may include pictures, recordings and video, which are used to document the evaluation.

There are additional state and federal laws, which require Sampson County CAC to release/report information to the Department of Social Services and appropriate law enforcement agencies where child abuse, neglect and/or dependency is suspected.

Once health information is released, it may no longer be protected by federal and state privacy protections.

Sampson County CAC may also release the child’s medical information to any licensed provider or medical facility to which he or she may be referred for further medical care.

By signing below, you acknowledge receipt of this information and agree that you have been given an opportunity to ask questions about anything contained in this form.

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Name of Parent/Guardian Relationship to Child Date

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

Witness Date