



Name and Relationship of Person Completing the Release (Parent, Guardian, etc.):

Yes, the information requested will be kept confidential and will be used only to help decide about where the child should receive care.

What happens if I don't give permission?

I give permission to Maximus and its assessor to discuss my child's medical and mental health information. These discussions may include:

- Behavioral health history, symptoms, diagnoses, medications, and treatment plan
- Substance use history, symptoms, diagnoses, medications, and treatment plan
- Medical and functional needs, other medical history, symptoms, diagnoses, medications, and treatment plan
- Information about family needs and supports that may affect my child
- Information about service providers and treatment history
- Educational Information and Reports, including IEPs

Maximus and its assessor have my permission to receive information from, and provide information to, including the assessment report, these people and/or providers:

[illegible]

Return this completed and signed form to: **Maximus, Attn: NH CAT Division**
Fax 1.877.431.9568 or Email: NHCAT@maximus.com

I understand that completion of this form is voluntary and that I should only sign it if I want Maximus and its assessor to talk with the person(s) above about my child's needs. I also understand that if I choose not to complete this form, the assessment cannot be completed.

This authorization expires 180 days from the date of my signature or earlier if I cancel it.

I have read and fully understand the above statements as they apply to me and my child.

_____ Printed Name of Parent/Guardian	_____ Printed Name of Parent/Guardian
_____ Signature	_____ Signature
_____ Relationship to Child	_____ Relationship to Child
_____ Date	_____ Date

What if I change my mind?

This permission can be cancelled by calling or writing to Maximus at:

Maximus
 2555 Meridian Blvd Suite 350
 Franklin, TN 37067
 Phone: 1.833.736.4228
 Email: NHCAT@maximus.com

I understand that I may cancel this permission at any time but that cancelling my permission will not affect information that has already been released.

The preparation of this form was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

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