

RELEASE OF INFORMATION Comprehensive Assessment for Treatment (CAT)

le information kont confidential?				
Name and Relationship of Pers	son Completing the Release (Parent, Guardian, etc.):			
Child's Name (Last, First):		Birth date:		
		Distinct of the		

Is information kept confidential?

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

Federal and State Regulations require an independent assessment to be completed for any child or youth that may require admission to a residential program through the Department of Health and Human Services.

What happens if I don't give permission?

Your permission is voluntary. If you choose not to give your permission, Maximus will not be able to complete the required assessment.

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:

Name	Phone and Email	Relationship to Child
<u> </u>		

Continue to page 2 to authorize the release of information



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
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Relationship to Child	Relationship to Child
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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

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.