



Child's Name (Last, First): _____ Birth date: _____

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

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

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 or Email	Relationship to Child

Continue to page 2 to authorize the release of information

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



**RELEASE OF INFORMATION
Comprehensive Assessment for Treatment (CAT)**

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	
_____	_____
Signature	Relationship to Child

Date	

What if I change my mind?

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

Maximus
840 Crescent Centre Drive, Suite 400
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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