



NEVADA YOUTH EMPOWERMENT PROJECT



CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION FORM

I, _____ or SELF
(NYEP Client Name or Authorized Representative) (Relationship to NYEP Client)
 hereby authorize The Nevada Youth Empowerment Project (NYEP) to obtain and/or provide information
 regarding : _____ or SELF.
(NYEP Client Name if Authorized Representative)

I hereby authorize NYEP to provide services for the above mentioned NYEP Client. I understand that by signing this agreement for services that I am a client of NYEP. Therefore my case file, case notes and case plans may be reviewed by the appropriate NYEP staff for the purpose of program compliance.
 I understand that information will be held confidential unless I consent to its release. By Nevada Revised Statute 432B.220 NYEP staff is required to report any accounts of child abuse/neglect, past or present, or any situations in which someone is threatening themselves or others with any sort of harm.
 I understand that NYEP is involved in an evaluation of this program by an outside evaluator to determine the effectiveness of this program. All information relating to the client will be held in confidence and not released for research purposes. All records will be kept confidential. Only personnel at the following agencies who have a need to know, or can assist me and my progress may have access to my information.

AGENCIES AUTHORIZED TO RELEASE AND EXCHANGE INFORMATION WITH THE NYEP

(Check the box and initial the line)

- Washoe County Juvenile or Adult Probation and Parole _____
- Washoe County Social Services _____
- Washoe County School District/ Charter Schools _____
- Any College/Financial Aid/ETV _____
- Any employer for the purpose of verifying employment _____
- Social Services Agency/ Child Welfare Department of Origin: _____
- Any vendor for the purpose of making purchases or paying bills on your behalf _____
- Any community assistance program i.e. Medicaid, Welfare, Housing, Social Security _____
- Other _____

This consent shall remain in effect until _____ or until I chose to terminate services verbally
(12 Months from date signed)

or in writing, or unless information is needed for grant purposes.

PERSONS SIGNING AUTHORIZATION

 Date Authorized Signature Relationship to NYEP Client

 Date Witness

INFORMATION FOR INFORMED CONSENT

The confidentiality of educational, social, medical, psychiatric and substance abuse information is protected by State and Federal Statutes.

Rules and Regulations include Nevada Revised Statutes and Title 42 of the Code of Federal Regulations. These Statutes, Rules, and Regulations require that the client give informed consent prior to the release of any health/hospital records or information, except as specifically provided for within the Statutes, Rules, and Regulations.