

# Release of Information

42 CFR – Part 2 and 45 CFR Parts 160 and 164 RECORDS RELEASE AUTHORIZATION

I, \_\_\_\_\_ hereby give  
(Name of Client)

Permission to: Law Enforcement Adolescent Program (LEAP)/ Prevention Resources (PR)/ Parents or Guardian(s)  
(Name of Clinic which is to make disclosure)

To release from my files the following information:

General Information  
(Extent or Nature of Information to be disclosed)

This information is to be released to:

LEAP Officer(s)  
(Name or Title of Person or Organization to Which the Disclosure is to be made)

Parent(s)/Guardian(s)  
(Name or Title of Person or Organization to Which the Disclosure is to be made)



X \_\_\_\_\_  
SIGNATURE OF CLIENT DATE

X \_\_\_\_\_  
SIGNATURE OF PRERSON AUTHORIZED BY LAW TO GIVE CONSENT DATE

X \_\_\_\_\_  
SIGNATURE OF WITNESS DATE

The within information is disclosed to you from records whose confidentiality is protected by Federal law. Federal Regulations (42 CFR-Part 2 AND 45 CFR Parts 160 & 164) prohibit you from making further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

**THIS RELEASE FORM COMPORTS WITH REQUIRMENTS OF HIPAA PRIVACY RULE REGUALTIONS AT 45 CFR PARTS 160 & 164**

## Law Enforcement Adolescent Program (LEAP) Intake Contract

Below are LEAP guidelines, and expectations for youth and parent/guardian. The youth and parent/guardian must **initial beside each statement** to acknowledge they have read and understood LEAP.

### P/G Youth

\_\_\_\_ Parent/Guardian of the LEAP Youth are required to attend the one (1) parent meeting within the first three months of enrollment in LEAP. Meetings are held every 3<sup>rd</sup> Tuesday of the Month from 5pm to 6pm at Hunterdon Prevention Resources.

\_\_\_\_ Number of community service hours/stipulations for completion will be determined by the Officer and/or HPR, and shall be completed within 60 days from date of LEAP intake, unless otherwise determined by the Officer.

\_\_\_\_ Youth will meet with their clinician on a regular basis and parent/guardian shall be aware and willing to participate in sessions when appropriate. Number of sessions will be made at the discretion of the counselor.

\_\_\_\_ Youth may be drug tested and subject to random drug testing for the duration of LEAP. If youth submits a positive test, they may receive a Substance Abuse Evaluation (SAE) to determine their needs, and their LEAP will be adjusted accordingly.

\_\_\_\_ The LEAP counselor may make referrals to the youth and/or the family for additional services and it is the youth's/family's responsibility to follow-up with recommendations.

\_\_\_\_ Youth must be an active participant in LEAP and shall not be using a cell phone, iPod, iPad or any electronic device. If youth is not actively participating or found using non-permitted electronic devices, they will receive a written warning.

\_\_\_\_ Youth must wear appropriate clothing which is clothing that covers the torso, legs at minimum below mid-thigh, clothing free from offensive pictures or words, clothing free from rips/holes, etc. Inappropriate attire will result in a written warning.

\_\_\_\_ Youth is responsible for maintaining their schedule of community service hours. **Inability to produce community service log or written documentation of my hours will result in the loss of those hours.**

\_\_\_\_ Youth will maintain a community service log which shall include the date, time, and location of community service hours conducted along with my supervisor's initials. If youth chooses to complete community service hours at a non-profit agency outside of HPR, they must provide a document on official letterhead, signed by their supervisor, which states the dates, times, and activities of their hours.

\_\_\_\_ More than fifteen (15) minutes late for an appointment will result in a "missed" appointment. Rescheduling an appointment requires a doctor's note, or may be granted for extenuating circumstances with prior approval. If a scheduled appointment is missed without notification or approved documentation, client will be charged for the appointment and receive a written warning.

\_\_\_\_ One (1) written warning will be permitted per LEAP client. More than one infraction will result in noncompliance. **If youth is deemed noncompliant for any reason, HPR shall contact the referring officer to inform them of the youth's noncompliance with LEAP, and may lead to reinstatement of the youth's original charges.**

I have read and understood the requirements and expectations of my participation in the Law Enforcement Adolescent Program.

X  
\_\_\_\_\_  
Parent/Guardian Signature & Date

X  
\_\_\_\_\_  
Youth Signature & Date