

County Executive

David Villanueva

Deputy County Executive

Chevon Kothari
Social Services



Child, Family and Adult Services

Michelle Callejas, Director

Divisions

Department Administration
Child Protective Services
Senior and Adult Services

County of Sacramento

Release of Confidential Information to Authorized Representative

I, _____, hereby authorize the County of Sacramento, Department of Child, Family, and Adult Services (DCFAS)/Adult Protective Services (APS) to release/exchange/provide my confidential APS records regarding the following incident/investigation:

_____ to the following individual(s) or agency:

Relationship to Client: Family Member Attorney Other (Describe): _____

The specific purpose for the request to release this confidential information is:

I understand APS records maintained by DCFAS/APS are confidential and are protected under federal and/or state law/regulation and cannot be disclosed without my written authorization, unless otherwise permissible pursuant to relevant statutes or regulations. Additionally, I also understand some information included in my records is required by law/regulation to remain confidential. I further acknowledge that further dissemination of APS records, or information contained therein, by any individual, including myself or my authorized representative, is only permitted upon the issuance of a Court order.

I understand that this authorization is voluntary and I may revoke this authorization by notifying DCFAS in writing at any time.

This authorization expires on _____. If no date is indicated, this authorization will expire one year from the date signed.

Date: _____

Print Name

Signature