

Morris County Cyber Bullying and Sexting Education Program Information Consent Authorization

I, _____ give permission to _____ to
(Parents/Guardian Name) (Referral Source Name)
make a referral to the Morris County Cyber Bullying and Sexting Education Program, whose
participating members are listed below, for _____.
(Youth's Name)

This referral includes releasing my name, address, phone number, child's name, date of birth
and, if applicable, specific information regarding the incident and/or behaviors.

- Morris County Department of Human Services
- Family Intervention Services

I understand that communication between the agency participants will occur, as needed, for the
purpose of accessing the various program components for my child and family, to maintain a
record of the status of the referral and the extent to which my family participates in the program.

I understand that referrals involving law enforcement and/or court personnel, made through the
court system and/or part of a court order, will require the Morris County Cyber Bullying and
Sexting Education Program to make follow-up contact with the referral source regarding the
status of the referral and the successful/unsuccessful completion of the program.

I understand that my authorization shall remain effective for the period of _____ months from the
date of my signature. **PERMISSION TO RELEASE INFORMATION AUTOMATICALLY
EXPIRES 6 MONTHS FROM THE DATE THIS RELEASE FORM IS SIGNED UNLESS
OTHERWISE SPECIFIED BY ME ON THE RELEASE FORM.**

I understand that all information released will be handled confidentially, in compliance with the
Rules and Regulations of the Community Mental Health Services Act (*N.J.S.A. 30-9A et
seq., N.J.A.C. 10:37-6.79*) and Federal Confidentiality Rules. I also understand that I may revoke
this Authorization at any time by written communication to Jessica Mondino.

I HAVE READ AND UNDERSTAND THE NATURE OF THIS AUTHORIZATION.

DATE: _____

Signature of Witness

Signature of Client (If over 14)

Signature of Agency Obtaining Consent

Signature of Parent/Guardian

*** NOTE TO RECIPIENT OF INFORMATION:** This information has been disclosed to you
from records protected by Federal confidentiality rules (*42 CFR Part2*). The Federal rules
prohibit you from making any further disclosure of this information unless further disclosure is
expressly permitted by *42 CFR Part2*. A general authorization for the release of medical or
other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of
information to criminally investigate or prosecute any alcohol or drug abuse patient.