Texas Department of
Family and Protective Services

Form P-201-2662
New May 2020

CARE COORDINATION & RELEASE OF INFORMATION

Purpose: Documents parent or legal guardian consent to share identifying personal or confidential information about a child or youth. This form also may be used to document Department of Family and Protective Services' (DFPS) consent to share identifying personal or confidential information about a child or youth in its managing conservatorship. Information may be shared with and among the members of a Child Sex Trafficking Care Coordination Team (CCT) serving a child or youth determined to be at-risk, suspected-unconfirmed, or confirmed as a victim of sex trafficking.

Directions: To complete this form, DFPS - in conjunction with the relative, Child Advocacy Center and Multi-Disciplinary Team - must list additional members of the local CCT who may have access to information about a youth during CCT meetings. Email questions about use or completion of this form to HumanTrafficking@dfps.texas.gov.

Legal authority: Members of a Multi-Disciplinary Team organized pursuant to provisions in Texas Family Code, Subchapter E CHILDREN'S ADVOCACY CENTERS and operating under an Interagency Memorandum of Understanding as required by §264.403 are authorized by Texas Family Code §264.408 to share information among members of the Multi-Disciplinary Team without need for further releases. Members of a CCT other than those delineated in Texas Family Code §264.403(a) must be listed on the form below.

CHILD'S INFORMATION				
First Name:	Middle Name:	Last Name:	Date of Birth:	Home Phone Number:
DFPS Stage of Service: ☐ Alternative Response ☐ Investigations ☐ Family Based Safety Services ☐ Conservatorship				
Preferred Language: ☐ English ☐ Spanish ☐ Sign Language Required ☐ Other:				

ADDITIONAL PROVIDERS & SUPPORT	
List the members of the CCT other than those delineated in Texas Family Code §264.403(a) who will be working with the client and who may receive information during CCT meetings that would otherwise be confidential. Add as many providers as applicable, using another Care Coordination and Release of Information form if necessary and attaching to the original form. Any additional forms also must be completed and signed.	
Name of provider agency or entity:	
Name:	Title:
Phone:	
Email:	
Name of provider agency or entity:	
Name:	Title:

Phone:	
Email:	
Name of provider agency or entity:	
Name:	Title:
Phone:	
Email:	
Name of provider agency or entity:	
Name:	Title:
Phone:	
Email:	
Name of provider agency or entity:	
Name:	Title:
Phone:	
Email:	
Name of provider agency or entity:	
Name:	Title:
Phone:	
Email:	

CONFIDENTIALITY

Confidential DFPS data or sensitive personal information, including PII (Personal Identifiable Information) and PHI (Personal Health Information), transmitted over external network connections must be encrypted in accordance with the Texas Administrative Code (TAC) Rule 202.25(4)(A). For information on how to encrypt an email, see your agency's instructions or the instructions of your email service provider. DFPS values your privacy. For more information, read our Privacy and Security Policy.

RELEASE AUTHORIZATION

In signing this release, I give permission for the parties listed on this form (including their designees, records department, successors, or individual employees or volunteers assigned to participate in CCT meetings) to share identifying personal or confidential information regarding the above-named child or youth with and among the members of a CCT serving a child or youth determined to be at-risk, suspected-unconfirmed, or confirmed as a victim of sex trafficking.

The purpose of this disclosure is to maximize the ability for providers to communicate in order to provide service delivery and coordinate support during the Care Coordination.

This authorization should be reviewed and updated every 180 days. This authorization will remain in effect until the above-named client's case closure or until either party requests that it be terminated.

Child's Parent or Legal Guardian: **X**	Date Signed:
DFPS Staff: **X**	Date Signed: