



RELEASE OF INFORMATION FOR COMMERCIALY SEXUALLY EXPLOITED YOUTH OR HUMAN TRAFFICKING ADVOCATE AGENCY

Purpose: Documents parent, legal guardian or young adult’s consent to share identifying personal or confidential information about a child, youth. This form may also be used to document consent by Department of Family and Protective Services (DFPS) to share identifying personal or confidential information about a child or youth in its managing conservatorship.

Information may be shared with and among the Commercially Sexually Exploited Youth /Human Trafficking Advocate Agency (CSEY/HT AA), DFPS, and other parties to support the child, youth or young adult and advocate relationship, ensure appropriate safety planning for child, youth or young adult, and establish service coordination.

Directions: To complete this form, a parent, legal guardian or young adult and CSEY/HT AA must list additional parties who provide services and resources and may have access to information about a child or youth.

Email questions about use or completion of this form to HumanTrafficking@dfps.texas.gov.

ADVOCATE AGENCY
Name of advocate agency or entity:

CLIENT INFORMATION				
First name:	Middle name:	Last name:	Date of birth:	Home phone number:
DFPS stage of service:				
<input type="checkbox"/> Alternative Response		<input type="checkbox"/> Investigations		
<input type="checkbox"/> Family Based Safety Services		<input type="checkbox"/> Conservatorship		<input type="checkbox"/> Extended Foster Care
Preferred language:				
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language required <input type="checkbox"/> Other:				

ADDITIONAL PROVIDERS & SUPPORT	
List the parties, other than the CSEY/HT AA, who will be working with the client and who may receive information that would otherwise be confidential, including additional CSEY/HT AAs. Add as many providers as applicable, use another <i>Commercially Sexually Exploited Youth Advocate Agency Release of Information</i> form, if necessary, and attach 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:



ADDITIONAL PROVIDERS & SUPPORT

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), that is 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

Please initial to indicate the types of permission you are agreeing to and then sign.

_____ I give permission for the CSEY/HT AA to share identifying personal or confidential information regarding the above-named child or youth with the listed parties (or designees of their agency).

_____ I give permission for the CSEY/HT AA to share identifying personal or confidential information regarding the above-named child or youth who is involved in a stage of service with the DFPS.

This authorization should be reviewed and updated every 180 days. This authorization will remain in effect until the above-named client's case is closed or the above-named client stops receiving services from the CSEY/HT AA, and/or DFPS. Either party can request in writing that this agreement be terminated at any time.

Child's parent/legal guardian/young adult signature: X	Date signed:
DFPS staff: X	Date signed: