**Release of Information Related to Child Protective Services / Juvenile Services**

Records of investigations of abuse and / or neglect of children are confidential under Wisconsin law. The Waukesha County Department of Health and Human Services (WCDHHS) is required to follow sec. 48.981(7). Wis. Stats., which restricts who may access records of investigations involving allegations of abuse and / or neglect of children. **Further disclosure of this information is prohibited, except where authorized by law. Violations may be subject to fines or imprisonment.** Except where authorized by law, the names and other identifying information regarding the person(s) who reported the alleged abuse or neglect which led to the investigation will be redacted from any documents you receive. In very limited circumstances, this information may be released to the office of the District Attorney or a policing agency for the purpose of investigation or prosecution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1) REQUESTOR:** | Name: |       |  Phone Number: |       |
| Requestor Address:  |       |  |  |  |
|  | *City* | *State* | *Zip* |
| **2) AUTHORIZES WAUKESHA COUNTY DEPT. OF HEALTH AND HUMAN SERVICES TO DISCLOSE INFORMATION TO THE NAMED REQUESTOR ABOVE.** |
| **3) METHOD:** |  | Format Requested: |  | [ ]  Email |  |  | [ ]  USB |  | [ ]  CD |  | [ ]  Paper |  | [ ]  Fax to: |       |
|  |  | Delivery Options: |   | [ ]  Pick-up by: |       | Photo ID required |
|  |  | [ ]  Encrypted Email to: |       |
|  | [ ]  Unencrypted Email to: |       |
|  | [ ]  US Mail |  | [ ]  Use requestor address above |
| Mailing Address:  |       |  |  |  |
|  | *City* | *State* | *Zip* |
| **4) INFORMATION TO BE DISCLOSED:** The requested records below (or their equivalent) will only be released if the records exist. |
|  |  | [ ]  CPS/ACCESS Report[s] (reports of alleged child abuse/neglect) |  | [ ]  Child and Adolescent Needs and Strengths (CANS) Assessment |
|  |  | [ ]  Initial Assessment Narratives[s] (child abuse/neglect investigation) |  | [ ]  Youth Justice / Delinquency |
|  |  | [ ]  Other: |       |
| **5) I REQUEST RECORDS PERTAINING TO THE FOLLOWING INDIVIDUAL(S):**  |
| Name: |       | DOB: |       | Relationship: |  |
| Name: |       | DOB: |       | Relationship: |  |
| Name: |       | DOB: |       | Relationship: |  |
| Name: |       | DOB: |       |  Relationship: |  |
| Name: |       | DOB: |       |  Relationship: |  |
| Name: |       | DOB: |       | Relationship: |  |
| **6) DATES OF CPS OR JUVENILE INCIDENT(S):** |  **From** |  | **To** |       |  |  If dates are unknown, unspecified, or invalid only the most recent CPS report will be released. |
| We cannot honor continuing requests and can only provide records that exist as of the date of this request. If you anticipate requiring future records, you will need to contact us again within the dates specified above to ask for the release of new records or fill out a new release of information. |
| By signing this authorization, I confirm that I have had an opportunity to review and understand the content of this authorization form and that it accurately reflects my wishes. I confirm that I understand my rights (on page 2) with respect to this authorization. |
| **7) SIGNATURE:** |  |  **DATE:** |  |  |
| Legal Authority: | [ ]  SELF | [ ]  PARENT OF MINOR | [ ]  LEGAL GUARDIAN | [ ]  POWER OF ATTORNEY | [ ]  GUARDIAN AD LITEM |
|  | [ ]  OTHER: |       |
| To expedite your request, please attach proof of your legal authority to this authorization. |

**Rights and Information Regarding Release of Information Related to**

**Child Protective Services / Juvenile Services**

My signature on page one (1) indicates that I acknowledge the following:

1. **Right to Refuse to Sign this Authorization:** I am not obligated to sign this form and WCDHHS may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my signing this authorization.
2. **Right to Revoke this Authorization:** I may revoke this authorization at any time by notifying in writing the WCDHHS Centralized Records Unit or the disclosing individual/organization. My revocation cannot prevent uses and/or disclosures already made in reliance on this authorization or needed by an insurer to contest a claim/policy as authorized by law if obtaining insurance coverage was conditioned on signing the authorization.
3. **Right to Receive a Copy of this Authorization:** If I agree to sign this authorization I must be provided with a signed copy of this form.
4. **A Copy, Scan, or Facsimile (FAX) of this Authorization is as Valid as the Original.**
5. **Right to Inspect or Receive a Copy of the Confidential Information to be Used or Disclosed:** I have the right to inspect and receive a copy of the materials disclosed by this authorization, except as prohibited by law. I may contact WCDHHS to inspect or copy my information.
6. **I May Be Charged a Reasonable Fee for Record Copies.**
7. **Risks of Requesting Unsecured or Unencrypted Delivery Channels:** I assume all risks of interception if I request my information to be released in an unsecured manner. Emails can be intercepted during transmission and unencrypted messages, including any attachments, can be read, and potentially copied and forwarded by anyone. Unencrypted emails can also be easily viewed by someone other than the intended recipient if, for example, you access your messages via a smart phone or tablet.
8. **WI Statute 252.15 and HIV/AIDS Test Results:** HIV test results may be released without my consent to persons/organizations as allowed by state laws. A list of those persons/organizations will be given on request. Authorizations may be needed to disclose health information for payment purposes. A consequence of refusal to sign an authorization for disclosure pursuant to sec. 252.15 Wis. Stats. may be non-payment.
9. **Confidentiality:** Records of investigations of abuse and / or neglect of children are confidential under Wisconsin law. The Waukesha County Department of Health and Human Services (WCDHHS) is required to follow secs. 48.78 and 48.981(7). Wis. Stats., which restricts who may access records of investigations involving allegations of abuse and / or neglect of children. **It is prohibited for you to re-disclose this information, except where authorized by law. Violations may be subject to fines or imprisonment.** Except where authorized by law, the names and other identifying information regarding the person(s) who reported the alleged abuse or neglect which led to the investigation will be redacted from any documents you receive. In very limited circumstances, this information may be released to the office of the District Attorney or a policing agency for the purpose of investigation or prosecution.
10. **Subject of a Report:** Per Wis. Stat. § 48.981(1)(h), “Subject” means a person or unborn child named in a report or record as any of the following:

1. A child who is the victim or alleged victim of abuse or neglect or who is threatened with abuse or neglect.

1m. An unborn child who is the victim or alleged victim of abuse or who is at substantial risk of abuse.

2. A person who is suspected of abuse or neglect or who has been determined to have abused or neglected a child or to have abused an unborn child.