RACINE COUNTY HUMAN SERVICES DEPARTMENT

Records Request

To request records from the Racine County Human Services Department, Youth and Family Division (including Child Protective Services and Juvenile Delinquency) the attached "Confidential Information Release Authorization" form must be fully and accurately completed and returned, by mail or in person, to:

Racine County Human Services Department (Attn: Youth & Family Access)
1717 Taylor Avenue
Racine, WI, 53403

Please note:

* It is necessary that all requested information on the form is completed or a request will not authorize the release of records.

* A "Confidential Information Release Authorization" form is needed for each child or person whose records are being requested.

* There is a $0.25 per page charge for records. Individuals making a records request will be contacted once the records are available. Be sure to include a phone number for this purpose. Records must be picked up by the individual requesting the records. A valid ID must be shown.

* Requests will be processed in the order in which they are received.

DEPARTMENT OF HEALTH SERVICES
F-82009 (7/08)

STATE OF WISCONSIN
Sections 19.35 & 19.36, Wis. Stats.

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

Completion of this form authorizes the release of information described in the section below called "Specific Description of Records Authorized for Release". The person (record subject) whose records are released may have a right to inspect and, upon paying any applicable fees, obtain a copy of the disclosed records. Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances. Section 51.30, Wis. Stats., HFS 92.03-92.06 Wis. Adm. Code.

Name – **Person Whose Records Will be Released (Record Subject)**

Address

City, State, Zip Code

Identifying Number (If Any)	Date of Birth

Name & Address – **Agency/Organization I Authorize to Release Information**
Racine County Human Services - Youth & Family Division

1717 Taylor Avenue

Racine, WI 53403

** Copies are $.25/page - payable upon receipt of records

Name - **Information May be Released To**

Organization

Address

City, State, Zip Code
(Include phone #)

Specific Description of Records Authorized for Release (Include dates of records, if applicable)

Purpose or Need for Release of Information (Be Specific)

Understandings

- This authorization is voluntary. Refusal to sign will not affect treatment, payment, enrollment or benefits eligibility except for:
  ☒ No exceptions ☐ Exceptions (specify):
- The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the redisclosed information may be controlled by different laws.
- I may revoke this authorization, in writing, at any time except for information already released as a result of this authorization. The written revocation must be given to the agency/organization I authorized to release information.
- Unless revoked, this authorization will remain in effect until the expiration time indicated below.

Choose One:

☐ Authorization expires as of (Date).

☐ Authorization expires month(s) from the date I sign this authorization.

☒ Authorization expires after the following action takes place: Upon receipt of records

As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

SIGNATURE - Person Whose Records Will be Released (Record Subject)	Date Signed

SIGNATURE - Other Person Legally Authorized to Consent to Disclosure	Title or Relationship to Record Subject	Date Signed

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