

**Parent-Child Assistance Program (PCAP)**

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize the following Washington State PCAP  
FULL NAME OF CLIENT

sites (I will cross out and initial all that I do not wish to authorize):

- **Benton-Franklin PCAP**  
Elijah Family Homes  
PO Box 2005  
Richland, WA 99352  
(509) 578-1501
- **Chelan PCAP**  
Pathways to Parenting  
201 1st St.  
Wenatchee, WA 98801  
(509) 888-6945
- **Clallam PCAP**  
First Step Family Support Center  
PO Box 249  
Port Angeles, WA 98362  
(360) 457-8355
- **Clark PCAP**  
SeaMar Community Services NW  
6221 NE Fourth Plain Blvd, Ste 130  
Vancouver, WA 98661  
(360) 831-0908
- **Cowlitz PCAP**  
Cowlitz Family Health Center  
1717 Olympia Way #201  
Longview, WA 98632  
(360) 353-3444
- **Grays Harbor/Pacific PCAP**  
Connections: Center for Healthy Families  
514 East Broadway Ave  
Montesano, WA 98563  
(360) 249-0005
- **King PCAP**  
Evergreen Recovery Centers  
929 N. 130th St., Suite #7  
Seattle, WA 98133  
(206) 739-5467
- **Kitsap PCAP**  
Agape Unlimited  
4841 Auto Center Way, Ste 201  
Bremerton, WA 98312  
(360) 377-0370
- **Pierce PCAP**  
Evergreen Recovery Centers  
3630 S. Cedar St., Suite G  
Tacoma, WA 98409  
(253) 475-0623
- **Skagit PCAP**  
Brigid Collins Family Support Center  
917 S. 3rd St.  
Mt. Vernon, WA 98273  
(360) 428-6622
- **Snohomish PCAP**  
Sound Pathways  
1721 Hewitt Ave., #200  
Everett, WA 98201  
(425) 259-7142
- **Spokane PCAP**  
New Horizon Care Centers  
PO Box 4627  
Spokane, WA 99220  
(509) 838-6092
- **Thurston/Mason/Lewis PCAP**  
Family Education & Support Services  
PO Box 14907  
Tumwater, WA 98511  
(360) 890-2541
- **Whatcom PCAP**  
Brigid Collins Family Support Center  
1231 North Garden St., #200  
Bellingham, WA 98225  
(360) 734-4616
- **Yakima PCAP**  
Triumph Treatment Services  
801 Summitview Ave  
Yakima, WA 98902  
(509) 203-1006
- **UW PCAP**  
University of Washington  
1107 NE 45th St., Ste 120  
Seattle, WA 98105  
(206) 543-7155

to disclose [initials] \_\_\_\_\_ and/or receive [initials] \_\_\_\_\_ information about me to/from:

\_\_\_\_\_  
NAME OF PERSON/ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE

Nature of information to be disclosed/received (as limited as possible, initial):

- |  |  |
|--|--|
| ____ SUMMARY OF CLIENT'S MEDICAL TREATMENT | ____ SUMMARY OF CLIENT'S CHILD'S MEDICAL TREATMENT |
| ____ MENTAL HEALTH ASSESSMENT              | ____ PSYCHOTHERAPY RECORDS                         |
| ____ SOCIAL SERVICES RECORDS               | ____ TREATMENT ATTENDANCE                          |
| ____ DRUG/ALCOHOL ASSESSMENT               | ____ LEGAL SERVICES RECORDS                        |
| ____ HOUSING SERVICES RECORDS              | ____ CHILD WELFARE RECORDS                         |
| ____ SUD TREATMENT PLAN                    | ____ SUD TREATMENT RECORDS                         |
| ____ HEALTH CARE RECORDS                   | ____ OTHER (SPECIFY BELOW)                         |

\_\_\_\_\_  
OTHER INFORMATION TO BE DISCLOSED/RECEIVED, AS LIMITED AS POSSIBLE

The purpose of the disclosure authorized herein is to coordinate services or other purpose described below:

\_\_\_\_\_  
PURPOSE OF DISCLOSURE, AS SPECIFIC AS POSSIBLE

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event **this consent expires automatically once my PCAP exit interview has been completed** (approximately 3 years from my date of PCAP enrollment) or other date/event/condition described below:

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DATE/EVENT/CONDITION UPON WHICH THIS CONSENT EXPIRES

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PRINT NAME

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SIGNATURE OF CLIENT OR LEGAL GUARDIAN

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DATE

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PRINT NAME

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SIGNATURE OF CLIENT OR LEGAL GUARDIAN

---

REAUTH. DATE

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PRINT NAME

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SIGNATURE OF CLIENT OR LEGAL GUARDIAN

---

REAUTH. DATE