

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: SITTING AS THE JUVENILE COURT		<i>FOR COURT USE ONLY</i>	
CHILD'S NAME:		CHILD'S DATE OF BIRTH:	
ORDER AUTHORIZING MENTAL HEALTH CARE AND LIMITED RELEASE OF INFORMATION FOR CHILDREN PLACED BY THE JUVENILE COURT IN OUT-OF-HOME CARE (Welfare & Institutions Code sections 319.1 and 370)		CASE NUMBER:	DEPT. NO.:

- A. **AUTHORIZATION:** The Sacramento County Department of Child, Family and Adult Services is hereby authorized to secure and consent to mental health treatment and associated services.
- B. **EXCEPTIONS:** Psychological evaluations and any other evaluations performed in anticipation of litigation must be authorized by court order or by the attorney for the child.
- C. **RELEASE OF INFORMATION:** The Sacramento County Department of Child, Family and Adult Services is authorized to receive mental health records of the child pertaining to diagnosis, participation and progress in mental health treatment and related services.

Except for the purpose of coordinating treatment, any consent to the release or dissemination of aforesaid information requires informed consent from the attorney appointed to represent the child or the child if age 12 years or over.

Any mental health care obtained in accordance with minor consent laws is protected and shall not be released or further disseminated without informed consent of the child.

SO ORDERED.

This order is effective until terminated or modified by court order or until one year from the date of this order, whichever is earlier.

_____ Date

_____ Judge/Referee