



Child and Family Services
 An Office of the
 Department of Health and Human Services

Department of Health and Human Services
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John E. Baldacci, Governor Brenda M. Harvey, Commissioner

**SECOND LEVEL AUTHORIZATION RELEASE OF
 CONFIDENTIAL SUBSTANTIATED MAINE CHILD PROTECTIVE RECORDS INFORMATION**
 (This form should only be submitted if the initial results indicate the individual was involved in a substantiated child protect case.)

AGENCY ID #: _____ Agency Name: _____

I, _____, understand that the screening by the Maine Department of
 (Please Print Clearly)
 Health & Human Services, Office of Child and Family Services, based on my initial release, found I
 have been involved in a substantiated Maine Child Protective Services case.

I authorize release of information about the nature of my involvement to the agency/service provider
 identified below.

I understand that:

- a. This disclosure of information will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by the Department or by me to deal with the problems.
- b. I may make a statement for the Department's child protective record regarding the Department's findings about me, and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure.
- c. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children, adults, and families for this agency.
- d. This information is subject to continuing confidentiality as provided by Maine statues Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this information:

Contact Person: _____

Agency: _____

Mailing Address: _____

City, State, Zip: _____

My date of birth: _____

Other names known by including maiden name.

Signature _____ Date _____

Address _____

OCFSCP-084 Secondary Release Form
 Updated 03/08