USMC FAMILY CARE PROGRAMS CONSENT TO RELEASE INFORMATION

OMB No. 0703-XXXX

OMB approval expires

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Marine Corps Order 1710.30, Marine Corps Child and Youth Programs (CYP); and **SORN NM01754-3**

PURPOSE: The primary purpose of this form is to obtain consent for information about a patron participating in a Marine Corps Family Care Programs (MFP) between MFP personnel and other designated individuals or organizations. The information exchanged will support authorized MFP services to the patron.

ROUTINE USES: Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. The DoD Blanket Routine uses may apply to this system of records.

DISCLOSURE: Providing information is voluntary; however, failure to complete the form will limit MFP's ability to communicate with organizations or individuals outside of DoD and may adversely affect available services.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to your Regional Director.

I authorize the following agencies and/or individuals to exchange information pertaining to:

1. Name	2. Date of Birth

3. Agency Name, Title, and Name of Specific Staff Contact Person or Designee

Additional agencies who may exchange information are listed on the back Yes ☐ No ☐

SOURCE AND TYPE OF INFORMATION

4. This authorization applies as followings.

YES	NO	
☐	☐	Assessment Information
☐	☐	Educational Records and Information
☐	☐	Mental Health/Psychiatric/Psychological Records and Information
☐	☐	Health and Medical Records and Information

5. Other Information that may be released or exchanged. (please specify or enter N/A):

6. The form of information that may be exchanged: (please initial):

_____ Written _____ Verbal _____ Computerized Data

7. This information may be exchanged for the following purposes: (please initial all that apply):

_____ Service Coordination and Treatment Planning _____ Eligibility Determination _____ Inclusion Action Team Screening Tool

_____ Other (specify): _____

ACKNOWLEDGEMENT

I understand this authorization and consent will remain effective for one year from date of signature unless I revoke it sooner by notifying the agencies or individuals orally or in writing. This will stop the exchange of information authorized by this document. I understand that I have the right to know the nature of the information being exchanged, and why, when, and with whom it was shared. A copy of this signed authorization and consent is valid to exchange information. If I do not sign this form, information about me or my family member will not be exchanged and I will have to make other arrangements to obtain and provide Family Care Programs personnel necessary information about me or my family member that is held by other agencies

Print Name: _____ Signature _____ Date: _____

I am/are the (Check one):

☐ Self ☐ Parent/Legal Guardian or Custodian ☐ Agent Acting Pursuant to a Power of Attorney

Mailing address:

_____

Reset Form

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE - Any misuse or unauthorized disclosure can result in both civil and criminal penalties.

Print Form

INSTRUCTIONS FOR COMPLETING NAVMC 11720
USMC FAMILY CARE PORGRAMS CONSENT TO RELEASE INFORMATION

GENERAL

The NAVMC 11720 is completed by the Adult Exceptional Family Member (EFM); parent/legal guardian or custodian; or Agent acting pursuant to a power of attorney of the EFM or Children, Youth and Teen Programs (CYTP) participant. The form grants permission for EFMP and/or CYTP to exchange information for specific agencies and/or individuals concerning the EFM and/or CYTP participant.

Item 1. Name of CYTP participant or EFM.

Item 2. Birth date of CYTP participant of EFM.

Item 3. Name and title of agencies and/or individuals that CYTP and EFMP can exchange information pertaining to the CYTP participant or EFM. Answer Yes If permission is being granted to exchange information to additional agencies or individuals and list them on the back of the form. Otherwise, answer No.

SOURCE AND TYPE OF INFORMATION

Item 4. (Indicate as appropriate) Answer Yes for all that apply. Otherwise, answer No. Self-explanatory.

Item 5. Self-explanatory.

Item 6. Initial all that apply. Self-explanatory.

Item 7. Initial all that apply. Self-explanatory.

ACKNOWLEDGMENT

The adult EFM, parent/legal guardian or custodian, or Agent acting pursuant to a power of attorney must print his/her name, sign and date the form. The signer must identify his/her relationship to the EFM and/or CYTP participant and provide a mailing address.

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