



Jean Vanlue, M.A., LPC, LMFT
528 Cottage St. NE, Suite 300, Salem, OR 97301
503-316-9130

Consent for Participation in Adoption Preparation Group

By signing below, I affirm that:

Regarding: _____ DOB _____

As the DHS caseworker for this minor child, I give my consent for participation in Adoption Preparation Group with Jean Vanlue, MA, LPC, LMFT.

I give consent for Jean to exchange confidential information with this child's foster parent:

Name: _____

Complete Address: _____

Phone number(s): _____

I give consent for Jean to exchange confidential information with this child's therapist:

Name: _____

Complete Address: _____

Phone number(s): _____

Information will be exchanged in order to coordinate services. This release will be in effect for the duration of service provision by Jean Vanlue, MA, LPC, LMFT, and may be revoked at any time. The cancellation will not affect any information released before the cancellation. I understand that if the person receiving this information is not covered by federal privacy regulations, the released information may no longer be protected.

I have either been given a print copy of the full-length Notice of Privacy Practices brochure (version 9/14) or know how to access it online at www.jeanvanlue.com. I hereby consent to the use or disclosure of my protected information as specified in the Notice of Privacy Practices (HIPAA regulations).

Signature of Caseworker/Legal Guardian

Date

Printed Name of Caseworker

Phone number

Email address: _____