Child:       DOB:       Petition #:

Parent(s):             Case #:

Caregiver:      Caregiver’s Relationship:

Caregiver’s Address:       Phone #:

Social Worker:      Phone #:

Child’s Attorney:      Phone #:

All records related to the treatment of the above named child shall be made available upon request to the Court, the child’s attorney and the Health and Human Services Agency, Child Welfare Services by all individuals, agencies and entities that are either paying for or providing health, psychological treatment, assessment and/or education services to the above named child.

These individuals, agencies and entities include: schools, hospitals, laboratories, health insurers, health plans, health maintenance organizations, employers, clinics, physicians, psychologists, psychotherapists, counselors and any other individual or entity providing education and/or health, psychological treatment or assessment services to the child.

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| --- | --- |
| All records including, but not limited to:  History and Physical Examination  Discharge Summary  CWS Treatment Plans/Updates (psychotherapy)  Medication Records  Interpretation of images: x-rays, sonograms, etc. Laboratory results  Dental records  Psychiatric and psychological records including consultations | HIV/AIDS blood test results; any/all references to those results  Physician Orders  Pharmacy records  Immunization Records  Nursing Notes  Drug/Alcohol Rehabilitation Records  All Education records |

This Order shall remain in effect for the duration of the dependency case.

SO ORDERED: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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JUDGE/COMMISSIONER OF THE JUVENILE COURT