

ONTARIO COUNTY  
DEPARTMENT OF MENTAL HEALTH

3019 County Complex Drive  
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Mental Health Center

Diane L. Johnston, LCSW-R  
Director of Community Services

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Ontario County  
Children and Youth Single Point of Access (SPOA)

Authorization/Consent to Release Information

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

The SPOA/CCS Committee consists of the SPOA Coordinator, the Ontario County Mental Health Clinic Supervising Social Worker, Lakeview Health Services Intensive Case Manager, Supportive Case Manager, and Outreach Worker, a representative from the Department of Social Services, a representative from the Probation Department, a Parent Advocate from Finger Lakes Parent Network, representatives from the Home and Community Based Services Waiver and Lake Breeze Community Residence, a representative from the Ontario County Youth Bureau, a representative from Cayuga Centers, and the parent or guardian of the youth or child indicated above. Other providers or the child's/family's personal supports may be included as needed, with the permission of the family.

This Committee's mission is to formulate treatment and service recommendations, and to develop an action plan based on the recommendations

All Committee members and participants of the SPOA meeting agree to strict confidentiality regarding the information under discussion.

The purpose of this release is to allow for the mutual exchange of information among the members of the Ontario County Children and Youth SPOA Committee and among other parties agreed to in advance by the family.

I authorize the SPOA Coordinator to release the assessment and disposition information, for the purpose of referring to the appropriate, agreed upon programs for possible enrollment consideration for my child.

**Purpose of SPOA discussion:**

- To review service needs of the youth or child, and to formulate treatment and service recommendations
- Other:

Parent /Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child signature (if 12 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_