



**DECLARATION FOR MEDICAL RECORDS  
CHILD IN STATE CUSTODY**

I, \_\_\_\_\_, (name) a \_\_\_\_\_, (title) in the case/matter of \_\_\_\_\_, having been duly sworn, depose and state as follows:

1. I am familiar with the facts of the above case.
2. In my official capacity as a representative of the Division of Child and Family Services, I am requesting the medical records of the child currently under the care of the State of Utah. I am requesting medical records to further the healthcare of the following individual:

Name: \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

3. The medical records I am requesting are pertinent to the care of the child in foster care.
4. I understand that under federal law, 42 U.S.C. section 290dd-2, substance abuse treatment records cannot be released except as authorized by the patient or pursuant to a court order.
5. I understand that pursuant to 45 U.S.C. section 508(a)(2) psychotherapy notes may only be disclosed if the patient signs a specific, separate, AUTHORIZATION (available at: <http://www.privacy.utah.edu>) permitting the disclosure.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_(City or other location and state).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature