

Clerk stamps date here when form is filed.

You have been prescribed three or more psychotropic medications at the same time for 90 days or longer. The Medical Board of California will look into the care your doctor provided you and may need additional information to decide if the doctor properly prescribed medication for you. You may use this form to authorize the California Department of Social Services and the California Department of Health Care Services to give your name and contact information to the Medical Board of California, if the board requests, so the board can look more closely at your care. You can also use this form to authorize the release of limited information to the board.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

- 1** Your information:
- a. I am the
- child or youth
- nonminor dependent
- child's or youth's attorney
- b. My name: \_\_\_\_\_
- c. My address, city, state, and zip code (*If confidential, see 2*):
- \_\_\_\_\_
- d. My telephone number: \_\_\_\_\_
- e. My email address: \_\_\_\_\_
- f. *If you are an attorney:*
- My client's name: \_\_\_\_\_
- My client's address, city, state, and zip code (*If confidential, see 2*):
- \_\_\_\_\_
- My client's telephone number: \_\_\_\_\_
- My client's email address: \_\_\_\_\_
- My state bar number: \_\_\_\_\_

**2** *If the child or nonminor dependent's address should remain confidential in the juvenile court file, a Confidential Information (form JV-287) must be completed. The address should not be included on this form.*

*Check here if form JV-287 is attached.*

**3** I understand that I cannot be denied the receipt of government services or treatment, and care may not be denied due to not authorizing the release of information.

- 4** a.  I authorize  my name and contact information  my client's name and contact information to be shared with the Medical Board of California and authorize board staff to contact  me  my client for further details about medical care.
- b.  I do not authorize  my name and contact information  my client's name and contact information to be shared with the Medical Board of California and do not authorize board staff to contact  me  my client for further details about medical care.

*If you check item 4b, you can skip to the signature line at the end of this form.*



- 5 a.  I authorize the California Department of Health Care Services and the California Department of Social Services to connect  my name  my client's name to the prescribing data and other information about  me  my client that was previously provided under a unique number.
- b.  I do not authorize the California Department of Health Care Services and the California Department of Social Services to connect  my name  my client's name to the prescribing data and other information about  me  my client that was previously provided under a unique number.
- 6 a.  I authorize the Medical Board of California to see  my  my client's medical records to decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.
  - (1) The authorization is limited to medical information relevant to the investigation of the prescription of psychotropic medications only.
  - (2) The information may be used only for the purpose of the investigation.
  - (3) If the medical information is admitted as an exhibit in an administrative hearing, the medical board must request that it be sealed.
- b.  I do not authorize the Medical Board of California to obtain  my  my client's medical records to decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.
- 7 This authorization will remain valid for three years unless I cancel it in writing by using *Withdrawal of Release of Information to Medical Board of California* (form JV-229).
- 8 This form does not authorize the release of juvenile court case file information as described by Welfare and Institutions Code section 827.
- 9 I understand that I may cancel this authorization by filing *Withdrawal of Release of Information to Medical Board of California* (form JV-229).

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

\_\_\_\_\_  
*Type or print your name*



\_\_\_\_\_  
*Signature of*  Child or youth  
 Nonminor dependent  
 Attorney for child, youth, or nonminor dependent

Whenever a child, nonminor dependent, or attorney signs this form, the child or nonminor dependent's attorney must file the form with the juvenile court. The clerk of the court must mail a copy of the form to the California Department of Social Services (CDSS). CDSS must maintain all forms received to review whether the child has given permission to release their information to the Medical Board of California.

California Department of Social Services  
 Attention: Information Release for California Medical Board  
 744 P Street, MS 8-13-66  
 Sacramento, CA 95814

