

ALASKA TRIBAL CHILD WELFARE COMPACT



ARTICLE 6 IMPLEMENTATION GUIDE

A SPIRIT OF PARTNERSHIP &
COLLABORATION TO SUPPORT
THE WELL-BEING OF ALASKA'S
FAMILIES AND CHILDREN

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Introduction

This guide is designed to provide information and clarification regarding the implementation of the multifaceted subsections in Article 6 of Alaska Tribal Child Welfare Compact. This document is designed to provide updates and guidance related to specific sub articles. Please refer to the Alaska Tribal Child Welfare Compact for additional information.

Article 6.2.1.1 With a Legitimate Interest

6.2.1.1(a) Protective Services Reports

Accessing PSRs

Any Federally Recognized Tribe that requests protective services reports (PSRs) regarding alleged victims who are affiliated with their Tribe has a legitimate interest to receive that information. When there is reasonable cause to believe that a child is a member or eligible for membership in a Federally Recognized Tribe, and the Tribe has submitted a signed Tribal Agreement of Confidentiality (Prior to Filing a Child in Need of Aid Case – Appendix A) and a Verification of Tribes (Appendix B), OCS will send the PSR to the designated point of contact for the Tribe through MOVEit secure e-mail. For specific information related to setting up a MOVEit secure email account, please contact: Alaska Tribal Child Welfare Compact Social Services Program Officer.

Confidentiality Agreements and Verification of Tribes should be submitted to: Alaska Tribal Child Welfare Compact Social Services Program Officer.

6.2.1.1(b) Initial Assessment and Investigation

Participating in Initial Assessments and Investigations

It is OCS' policy to screen every report of harm to determine the race, ethnicity, and Tribal affiliation of the child and family (CPS manual section 2.1 Protective Services Reports). If the report of abuse or neglect involves an Indian child, OCS will make diligent efforts to identify the child's Tribe, and notify the child's Tribe or the local community Tribe of the existence of the report as soon as practicable. Formal proof of membership is not necessary; informal verbal confirmation by an authorized Tribal representative is sufficient. As stated in CPS manual section 2.2.5 Conducting the Initial Assessment, OCS will invite the Tribe to participate in the initial assessment. Before the initial contact with the parent or guardian the OCS Caseworker will contact the child's Tribe, invite the Tribal representative to participate in the initial assessment, inquire with the Tribe how OCS can be culturally appropriate during the initial assessment, and will disclose that a protective services report was received. If a Tribal representative is not present, the OCS Caseworker will inform the parent of their right to request one present, and right to postpone the interview.

6.2.1.1(c) Access to Databases and Information

Direct access to, or information contained, in the following databases described in this section is contingent upon the Co-Signer having a Support Services Funding Agreement to provide Services under Article 7.

6.2.1.1(c)(1) Online Resource for the Children of Alaska (ORCA)

Non-DHSS Account Access

Co-Signer access to DHSS managed databases, specifically, ORCA, JOMIS, EIS, AIRES and APSIN, first requires a log-on account with the State of Alaska (SOA), Department of Health and Social Service to be established. To obtain this account, the Co-Signer must send a copy of their photo identification (ADL, State ID or Passport), a copy of the Certificate of Completion for the SOA Health Information Protection and Accountability Act (HIPAA) training and the Non-DHSS Employee Access Request Form to Alaska Tribal Child Welfare Compact Social Services Program Officer. This process authorizes Co-Signers to obtain a Virtual Private Network (VPN) account that provides access to the database(s) on a non-departmental computer. Each Co-Signer is granted a VPN; more than one Co-Signer with DHSS access requires additional approvals and fees.

ORCA Access

Co-Signers will be provided ORCA access after a DHSS account has been approved and is in place. Co-Signers must complete and submit an ORCA logon form and send it directly to HSS.ORCAHELP@alaska.gov. The user will be required to maintain an active email address.

Security Requirements

Safeguarding confidential information in accordance with State and Federal guidelines requires Co-Signers to obtain and provide on-going management of specific encryption software. The State of Alaska Security Office recommends either Bitlocker and/or Dell Data Protection Encryption Enterprise Edition. Additionally, all operating systems should be kept up to date (within two weeks) with the current patches and anti-virus/anti-malware software.

For additional information and support please contact:

Office of Children's Services, Alaska Tribal Child Welfare Compact
Rodreshia Dunbar, Social Service Program Officer
Phone: 907-375-8268
Fax: 907-375-8281
Email: rodreshia.dunbar@alaska.gov

6.2.1.1(c)(2) Juvenile Offender Management Information System (JOMIS)

Access to JOMIS is not applicable at this time.

6.2.1.1(c)(3)**Eligibility Information System (EIS) or Alaska Resources for Integrated Eligibility Services (ARIES)**

Access to EIS and ARIES is not applicable at this time.

Article 6.2.1.2**With a Court Order**

6.2.1.2(a)**Home Studies****Accessing Guardianship or Adoption Home Studies Pre Guardianship/Adoption**

Co-Signers may obtain a copy of the guardianship or adoption home study before finalization of the guardianship or adoption with an Authorization for Release of Information form from the family (Appendix C).

Email or fax a request including the name of the adoptive/guardianship parent(s) who are listed on the home study, including the Authorization for Release of Information form to:

OCS Adoptions, State Office
Jack Eddy, Adoption Unit Program Coordinator
Phone: 907-465-3209
Fax: 907-465-2061
Email: jack.eddy@alaska.gov

Within 10 business days from receipt of the Authorization for Release of Information form, the home study will be mailed by certified mail.

Accessing Guardianship or Adoption Home Studies Post Guardianship/Adoption

Co-Signers may obtain a copy of the guardianship or adoption home study after finalization, with a court order from the Alaska Court System per AS 25.23.150, AS 47.10.093 and OCS confidentiality policy 6.1.2.

Email or fax a request including the name of the adoptive/guardianship parent(s) who are listed on the home study, and the State of Alaska court order, to:

OCS Adoptions, State Office
Jack Eddy, Adoption Unit Program Coordinator
Phone: 907-465-3209
Fax: 907-465-2061
Email: jack.eddy@alaska.gov

Within 10 business days from receipt of the court order, the Adoption Unit Program Coordinator will mail the home study by certified mail.

6.2.1.2(b)**Licensing Files****Requesting the Non-Confidential Portion of the OCS Licensing File**

Co-Signers who are engaged in licensing Tribal foster home providers may request the non-confidential portion of the OCS licensing file by submitting a written request through email or fax, or calling the regional licensing supervisor. OCS has 10 business days to provide the record.

Anchorage Regional Office

Kelly Carpenter
Phone: 907-269-3920
Fax: 907-269-3901
Email: kelly.carpenter@alaska.gov

or

Snezana Ivanoksa
Phone: 907-269-3966
Fax: 907-269-3901
Email: snezana.ivanoska@alaska.gov

Southcentral Regional Office

Julie Hubbard
Phone: 907-352-8989
Fax: 907-352-9763
Email: julie.hubbard@alaska.gov

or

Christine Edwards
Phone: 907-352-8941
Fax: 907-357-9763
Email: christine.edwards@alaska.gov

Northern Regional Office

Carmen Brooks
Phone: 907-451-2094
Fax: 907-451-2814
Email: carmen.brooks@alaska.gov

Western Regional Office

Joanna Williams
Phone: 907-303-5125
Fax: 907-543-4431
Email: joanna.williams@alaska.gov

Southeast Regional Office

Alana Medel
Phone: 907-465-2946
Fax: 907-465-1669
Email: alana.medel@alaska.gov

The non-confidential portion of the licensing file includes:

- Activity Notes: names of children in care are not disclosed.
- Correspondence: any written communication between the licensing worker, the applicant/licensee, and others involved in the regulatory process.
- License: a copy of the signed foster home or child placement agency license, approved/denied barrier crime variance notice, approved/denied general variance notice, and change summaries.
- Non-Confidential Licensing Documentation: training documentation, completed investigation/inspection final reports and any enforcement actions, Warning Notice and allegation of compliance or written responses to the reports, and licensing documentation which includes, plan of care, and family characteristics checklist.

Requesting Confidential Portion of OCS Licensing File (Sections V and VI)

Co-Signers who are engaged in licensing Tribal foster home providers may request the confidential portion of the OCS licensing file by submitting a Release of Information or court order from the Alaska Court System, through email or fax, or calling the regional licensing supervisor. See below as to what confidential records can be released with a signed Release of Information and what records require a court order. OCS has 10 business days to provide the record.

The confidential portion of the OCS licensing file that requires a release of information form to access includes:

- background check clearance forms, state fingerprint results, BCP on-line application confirmation page, certification of medical condition regarding fingerprints, denied barrier crime variance notices, financial summary, medical information release, and employees in the foster home, notices of license denial, requests for hearing, assessments or evaluations, Foster Care Standard-by-Standard evaluation and Narratives, annual self-monitoring reports, evacuation plan, requests for sanitation and fire inspections, and Review Information Foster Parent form, reassessment of foster family, barrier crime variance application packet; health history and medical or mental health information about the person providing consent.
- Applications: these documents contain personal information that is protected by the Personal Information Protection Act. Social security numbers, driver's license numbers, or personal information used to establish credit may be deleted prior to disclosure.

The confidential portion of the OCS licensing file that requires a court order to access includes:

- Pending Reports of Inspection, pending Reports of Investigation, investigation notes, ORCA activity notes or correspondence about children in care; federal fingerprint results.

Requesting Open Investigations of Current and Prospective Foster Parents

Open investigations on current and prospective foster parents shall be disclosed to Tribes/Tribal Organizations who are involved in licensing the home that has the open investigation. Submit the request for information with a signed Release of Information to the regional licensing supervisor.

Article 6.2.1.3

With a Properly Executed Release of Information

To the full extent permitted by federal and state law, OCS shall provide, upon receipt of a properly executed release of information to the Co-Signer, the information authorized for disclosure, including all of the information in the background check regarding family members, foster care or other providers, and potential providers.

Article 6.2.1.4

Upon Request and Subject to Availability

6.2.1.4 (a) Alaska Child Welfare Academy

Co-Signers may send employees and volunteers to the Alaska Child Welfare Academy subject to available space. No fee shall be required for attending the Academy, as funding allows. However, travel expenses shall be the sole responsibility of the Co-Signer.

UAA Alaska Child Welfare Academy
Lisa Tanga
Phone: 907-786-6743
Fax: 907-786-6735
Email: ltkanga@alaska.edu

6.2.1.4 (b) Foster Care Orientation, Training, and Resources

OCS shall make foster care orientation, training and resources available to Tribally licensed foster care providers or applicants to the same extent as they are available to state foster care providers or applicants. Alaska Center for Resource Families will provide foster care orientation, training, and resources to Co-Signer Tribally licensed foster care providers.

Northern Region:

- Fairbanks: 907-479-7307 or toll free in Alaska 1-800-478-7307

Southeast Region:

- Rural Outreach Coordinator
Fairbanks: 907-479-7307 or toll free in Alaska 1-800-478-7307

Southcentral Region:

- Mat-Su: 907-376-4678 or toll free in Alaska 1-866-478-7307

Anchorage and Western Regions:

- Anchorage: 907-279-1799 or toll free in Alaska 1-866-478-7307

Alaska Center for Resource Families -Information and Online Resources:

- Website: www.acrf.org
- Foster Care Orientation: <https://www.acrf.org/foster-steps.php?tn=3>
- Training Calendars: <https://www.acrf.org/training.php?tn=6>
- Self-Study and Online Training: <https://www.acrf.org/resources-self-study.php?tn=5>

Article 6.2.1.5

Medicaid Eligibility

Co-Signers who have a Tribal/State Title IV-E Pass-Through Maintenance Agreement or a Tribal Direct IV-E Agreement, the Office of Children's services will process Medicaid eligibility if the child is Title IV-E eligible. Tribes with Direct Funded Agreements must provide documentation illustrating that the child is Title IV-E eligible to OCS at hssocslegal@alaska.gov

To access Medicaid eligibility for children that are not deemed Title IV-E eligible, an application GEN 50C must be completed and submitted to the Department of Public Assistance. The application can be found at <http://dpaweb.hss.state.ak.us/e-forms/pdf/Gen50c.pdf>

Article 6.2.1.6

Social Security Benefit Eligibility Support

Co-Signers who would like to receive technical assistance when applying for social security benefits for a child in custody of a Tribe, please contact:

Office of Children's Services, Alaska Tribal Child Welfare Compact
Rodreshia Dunbar, Social Service Program Officer
Phone: 907-375-8268
Fax: 907-375-8281
Email: rodreshia.dunbar@alaska.gov

Article 6.2.2

Department of Public Safety ("DPS")

6.2.2.1

National Criminal History Record Check. AS 12.62.400

Criminal history checks will be conducted by OCS Caseworker or the Tribal Child Welfare Compact Social Service Program Officer prior to referrals of services that necessitate background checks before they are conducted.

6.2.2.1 (a)

Access to Alaska Public Safety Information Network

A letter has been drafted for Commissioner Davidson to send to Commissioner Monegan to amend the current APSIN Agreement to implement the terms and conditions of the Compact. OCS will conduct background checks until Co-Signers are granted access to APSIN.

Article 6.2.2.2

Assistance During Child Protection Investigations

As stated in the Compact: *Upon receipt of a signed writ of assistance from the Alaska State Court, the Alaska State Troopers shall accompany tribal staff conducting tribal child protection investigations. To the extent DPS is permitted to charge OCS for this assistance, it may require the requesting Co-Signer to pay equivalent fees.*

Article 6.2.2.3

Enforcement of Tribal Court Orders

Please see Appendix D – Memorandum regarding Enforcement of Tribal Court Protective Orders issued by Deputy Attorney General Robert E. Henderson of the State of Alaska Criminal Division on July 31, 2017. “All protective orders issued by an Alaska Court, a court of another state or territory, a U.S. military tribunal, or Tribal court *shall* be enforced as if it was issued by an Alaska court.”

- The filing of a Tribal Order with the Alaska court is not necessary
- An order need not be entered into APSIN or NCIC

6.2.2.3(a) Automatic Enforcement

As stated in the Compact: *DPS shall enforce protection/protective orders issued by tribal courts, provided the order identifies the petitioner and respondent; contains provisions intending to prevent violent or threatening acts, harassment, sexual violence, contact, communication, proximity to a person, or stalking; and appears authentic on its face.* See Appendix D for supporting information.

6.2.2.3(b) Enforcement Upon Registration or Writ

As stated in the Compact: *Upon receipt of a writ from a state court, the State Troopers shall enforce any tribal court order, including those identified in Section 6.2.2.3(a).*

Article 6.2.3

Department of Revenue

6.2.3.1(a) Recognition of Tribal Support Orders

As stated in the Compact: *The Alaska Child Support Services Division (CSSD) recognizes tribal child support orders just like child support orders issued by another state.*

6.2.3.1(b) Enforcement of Child Support

As stated in the Compact: *Upon application and receipt of required documentation, CSSD will enforce child support for a child in Tribal custody, or if no order exists, CSSD will take steps to establish an order for a child in tribal custody.*

6.2.3.1(c) Access to State of Alaska Child Support Database

Access to CSSD's case management system will be limited to information currently provided to Health and Social Services (HSS) and must be for business related eligibility purposes only. HSS will serve as the first point of contact, and will use their limited access to provide the information to the requesting Co-Signer. If more information is needed, HSS will forward the request to CSSD's designated point of contact.

Child Support Services Division, Tribal Child Support

Jared Hakkinen

Phone: 907-269-6922

Email: jared.hakkinen@alaska.gov

Article 6.2.3.2

Permanent Fund Dividend

Co-Signers can opt to place PFD funding for children in Tribal custody into the State Trust Fund, to do so:

- Co-Signers will need to complete the PFD application for children in Tribal Custody "T-App"
 - PFD is considering updating the T-App to include the following options:
 - Direct Deposit into Tribally identified account;
 - Direct Deposition into DHSS account - this will deposit the funds into the state trust;
 - Paper Check (Tribe can deposit in own account/trust; however can also use the PFD trust)
- Funds placed into the trust as a result of the T-App will be released upon tribal court order
- Funds placed into the trust as a result of DHSS application will be released pursuant to state statute. These funds cannot be transferred to the Tribe (even upon a jurisdiction transfer) without Alaska State court order.

APPENDIX A

**TRIBAL AGREEMENT OF CONFIDENTIALITY
(PRIOR TO FILING A CHILD IN NEED OF AID CASE)**

Prior to filing a Child-in-Need-of-Aid (“CINA”) case in state court, the Office of Children’s Services (“OCS”) may provide information to Alaska tribes regarding child protection investigations that involve their tribal children. This information sharing may occur for any of the following reasons: so that a Tribe may work collaboratively with OCS to investigate allegations of child abuse and neglect; so that a Tribe can aid in providing services or placing a child if releasing the information is in the child’s best interest; or a Tribe has requested the information from OCS and indicates the request is for a purpose related to child protection, including investigating the allegations in the Protective Services Reports (“PSR”). In addition to the PSR, information sharing at this stage may include reports of harm, ORCA notes, safety plans, police reports, and other investigative reports.

The information that is provided by the OCS to a Tribe is sensitive and confidential. Maintaining the confidentiality of this information is vital to protecting both the safety of the children and the privacy of the family. The information provided by the OCS to the Tribe must therefore not be disclosed to any person or entity except that information which is necessary to carry out the investigation process, initiate a tribal child protection proceeding, and/or provide immediate assistance and intervention services to the family.

By signing below, the Tribe acknowledges that it has reviewed, understood and agrees to keep child protection information confidential as set forth above. The Tribe also confirms that it has a written policy regarding protection of confidential information, and that tribal representatives receiving confidential information have received a copy of the policy.

Signature of Authorized Tribal Representative

Date

Name (print): _____

Title: _____

Name of Tribe: _____

APPENDIX B



THE STATE
of ALASKA
GOVERNOR BILL WALKER

Department of
Health and Social Services

OFFICE OF CHILDREN'S SERVICES
Director's Office

P.O. Box 110630
Juneau, Alaska 99811-0630
Main: 907.465.3170
Fax: 907.465.3397

PRINT NAME OF TRIBE/TRIBAL ORGANIZATION HERE

Verification of Tribes to be Served for the Purpose of OCS Distributing Protective Services Reports

List of Tribes (if applicable):

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Tribe / Tribal Organization Point of Contact:

Name	Phone Number	Email Address to receive PSRs through MOVEit

I certify that the above-listed Tribes will be served by our Tribe / Tribal Organization for purposes of OCS distributing Protective Services Reports. I will inform the OCS point of contact of any changes to the above list as soon as they are known.

Tribe / Tribal Organization Representative or Designee (signature & printed)

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

SSN: _____ Record # or Other ID: _____ Date of Birth: _____

Other Names Under Which Records Might Be Filed: _____

Person/Organization Releasing Information: _____

Person/Organization Receiving Information: *(include address if needed)* _____

Description of information to be released: *(If substance abuse information is to be released from a federally assisted substance abuse treatment center, then this information must be included in the description)*

- Case Plan Safety Plan Visitation Plan Initial Assessments
 Adoption Homestudy Guardianship Homestudy
 Court Documents (please specify):
 Other (please specify):

The purpose of the release of this information is: _____

I hereby authorize the use or disclosure of my health care and/or other information as described above. I understand that this authorization is voluntary. I understand that my records *may* contain sensitive information. I understand that I may revoke this authorization at any time by notifying the individual(s) or organization releasing this information in writing, but if I do, it won't have any affect on actions taken on this authorization before my revocation was received. I understand that the individual(s) or organization releasing this information will not condition my treatment, payment, enrollment in a health plan (if applicable) or eligibility for benefits on whether I provide this authorization. I understand that if the person(s) or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization.

This authorization expires on the following date or event: _____

Signature of Client or Personal Representative
(Or Witness if signature is by mark)

Date

Printed Name of Personal Representative or Witness

Description of Personal Representative's Authority

NOTE: This authorization was revoked on: _____ *(see attached revocation)*
Date

RECIPIENT INFORMATION: If the identifying information released pertains to the diagnosis, treatment, or referral for treatment for a substance abuse disorder, the confidentiality of the information is protected by federal law (42 CFR Part 2) prohibiting you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.


APPENDIX D

MEMORANDUM

STATE OF ALASKA

*Department of Law
Criminal Division*

TO: All Alaska Law Enforcement

FROM: Robert E. Henderson 
Deputy Attorney General, Criminal Division

DATE: July 31, 2017

SUBJECT: Enforcement of Tribal Court Protective Orders

All protective orders issued by an Alaska court, a court of another state or territory, a U.S. military tribunal, or tribal court *shall* be enforced as if it was issued by an Alaska court. AS 18.66.140; 18 U.S.C. § 2265.

- The filing of an order with an Alaska court is not necessary.
- An order need not be entered into APSIN or NCIC.
- Required Order Elements:
 - An order must identify the petitioner and respondent.
 - An order must contain provisions intending to prevent violent or threatening acts, harassment, sexual violence, contact, communication, proximity to a person, or stalking.
 - An order must appear authentic. Law enforcement officers are not to investigate beyond looking at the order itself. Any jurisdictional or due process issues will be addressed by the prosecutor and/or an Alaska court.
- Charging Crime of Violating Protective Order: In order to charge the Alaska crime of violating a protective order contrary to AS 11.56.740, the order must contain provisions that are *similar* to provisions found in AS 18.66.100(c)(1)-(7) or AS 18.65.850(c)(1)-(3) (the language need not be identical).
- Child Custody Orders. When violations of child custody orders are not criminal offenses, order provisions nevertheless are to be enforced provided the provisions relate to protecting a victim of domestic violence, sexual assault, dating violence, or stalking.
- Stand by Orders. Stand by orders are to be followed provided the order provisions relate to protecting a victim of domestic violence, sexual assault, dating violence, or stalking.
- Mandatory and Warrantless Arrests. Alaska mandatory and warrantless arrest law provisions are to be followed in connection with enforcement of all protective orders.

INSTRUCTIONS:

The elements of this form described below (1-5) and marked with an asterisk (*) MUST BE COMPLETED. There are NO exceptions. Incomplete authorization forms are invalid and WILL NOT BE PROCESSED!

- 1. Client Information ***: Enter the Name, SSN, Case # or Client ID, and Date of Birth (if known) of the individual whose information (PHI) is being released or requested. At least one identifier other than name must be present – e.g. SSN or DOB or Case # or ClientID
- 2. Organization Releasing and Receiving Information ***: Enter “DHSS” and/or “Division Name” or “Program Name” ONLY on either the Releasing line or Receiving line depending on whether the Department or Division is receiving information or releasing information. **DO NOT enter specific DHSS employee names!** The client or client’s representative should indicate a specific name (and address, if known) of the individual(s) or organization(s) receiving or releasing the information. Multiple individuals/organizations may be specified on a single authorization if they are ALL receiving the same information and are clearly specified. Use additional authorizations if individuals/organizations are receiving different information or if there is not enough room on a single authorization to clearly specify multiple individuals/organizations on the Receiving Information lines.
- 3. Description of Information to be Released ***: A specific description of the information that is being requested or released should be indicated. Detail is not required, but is preferred. For example, “*Medical and mental health records*” rather than “*All information you have*”. If alcohol or other substance abuse information is being released or requested, this must be explicitly stated in the description. For example, “*Medical and mental health records, including alcohol or substance abuse records*”.
- 4. Expiration Date/Event ***: Enter a date or event that is reasonable and acceptable to the client or client’s representative. For instance, “*One year from the date of this authorization*” is generally accepted as a reasonable expiration date.
- 5. Signatures & Dates ***: The individual whose PHI is being released or requested should sign and date the form. If the individual is a minor, or is otherwise not able to sign the form, the individual’s authorized representative or witness should sign and date it. If an authorized representative is signing the form on behalf of the client, the representative’s “legal authority” to act on the part of the individual must be verified first and then described in the appropriate space. Legal authority includes but is not limited to a parent who signs the form for a minor child or an individual who has power of attorney over the affairs of the individual whose PHI is being released or requested.
- 6. Revocation Date**: The revocation date on the reverse side of this form does NOT need to be completed UNLESS the individual has revoked this authorization using form 06-5872 Revocation of Authorization. If revoked, a copy of the revocation should be attached to this form & the date of revocation noted on the front of this form.
- 7. ALL authorization forms MUST be retained for SIX (6) YEARS from the date of signature.** This form should be stored in the client file, if one is maintained. Some programs have procedures requiring the form, or a copy of the form be retained solely or additionally by the Division Privacy Official. Please refer to the appropriate Division or Program specific procedures or inquire with your Division Privacy Official regarding any additional retention requirements of authorization forms.
- 8.** If requested, provide a copy of this authorization to the client or client’s representative.

QUESTIONS?

Contact the Office of Children’s Services Privacy Official at (907) 465-2105 or the DHSS Privacy Official at (907) 465-2150 with any concerns you may have.

FOR DHSS & BUSINESS ASSOCIATE USE ONLY

Use this section to document ALL disclosures made by DHSS or business associates based on this authorization. Please supply the information below detailing information about the disclosures that may not be adequately described on the front of this authorization. For instance, if Description of Information To Be Released on the front states “*All information you have on me*” – then completely describe the data that was actually disclosed, such as “*Medicaid eligibility and disability information from 1993 - 2001*” or “*Immunization data from 2001 - 2003*”. Indicate the actual date(s) of disclosure(s) and the name and division of the employee(s) releasing the data. Attach additional documentation if necessary.

Disclosure Date	Disclosed By (Name/Division)	Detailed Description of Information Disclosed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____