160 Cascade Place #205

Burlington, Wa 98233

Phone: 360-899-5471

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WAIVER OF RIGHT TO CONFIDENTIALITY

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I/we may have a right to confidentiality of some information, gathered or obtained by the Department of Social & Health Services (DSHS), in connection with my employment as a child placing agency employee and or my/our foster care license.

“I understand that I may not be aware of the nature and scope of information in the CPS or CWS records of the Department. I understand that I have a right to review any information about me in the Department’s records before signing this release and that information the Department has about me is confidential under Washington law and cannot be released unless, specifically allowed by law, or I authorize the release of the information.”

This information may include criminal history information; child abuse/neglect information; licensing or child abuse/neglect referrals, investigations and finding (whether “founded, “ “inconclusive,” “unfounded,” “valid,” “invalid”); and compliance agreements. I/We understand that not all information about me in the Department’s records or my/our licensing file is confidential and that information may be released without my/our consent. I/We also understand that DSHS is not authorized to release confidential information about me/us, unless permitted by law or by me/us.

Understanding that I/we may have a right to confidentiality of some of the information about me in the Department’s records. I/each of us hereby waive/waives the right in order to permit Community & Family Services Foundation of Mount Vernon, Washington, to have access to and copies of my/our information about me in the Department’s records. I/We authorize and direct the Department of Social & Health Services to provide full access to and a copy of my/our employment or my/our complete foster care licensing file to Community & Family Services Foundation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Print Name:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Print Name:

This waiver/authorization is voluntarily signed on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_