County of Los Angeles
Coordinated Optimal Rehabilitative Efforts (C.O.R.E.)
Consent and Release Agreement

1. I understand that provisions of law, including but not limited to the Information Practices Act of 1977 (Civil Code S1798.17), the Federal Privacy Act of 1974 (Public Law 93-879), Workforce Innovation and Opportunity Act of 2014 (Public Law 113-128) protects me from the unauthorized release of confidential information.

2. I have been told that the County of Los Angeles Probation Department, County of Los Angeles Department of Health Services, County of Los Angeles Workforce Development, Aging and Community Services (WDACS) and the employment services agencies affiliated with America's Job Centers of California (AJCCs) want to share my personal information in order to assist me in obtaining employment, enable me to successfully complete probation, expand and coordinate services, create interagency partnerships, evaluate the success of those partnerships and be more effective in their service delivery. This collaboration is called the CORE Program.

3. If I sign this agreement, I authorize the agencies named above to share with each other confidential case information related to my participation in any of the CORE program service components.

4. I am not aware of any court issued order, pending or approved by an administrative agency which bars the agencies named above from access to this information. I further declare that I have no reason to believe that the release of this information to the agencies named above may result in physical or emotional harm to anyone involved in my case.

5. This consent and release agreement shall expire not more than 10 years beyond the termination of supervision with Probation. I understand that if I wish to revoke this authorization at any time before the expiration date, I must submit a written notification of revocation to the Los Angeles Probation Department. I also understand that doing this will not change or cancel any information that was shared before the revocation was received.

6. I understand that if I agree to sign this consent and release agreement, which I am not required to do, I must be provided with a signed copy of the form. I understand that signing this form is completely voluntary and that I may refuse to sign this form. I understand that if I refuse to sign this form, it will limit my ability to access services that may be readily available to me at the time of signing this form.

7. I agree to release the agencies named above and its agents and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from sharing my confidential information with agencies involved with the CORE Program.

8. I acknowledge that before signing this consent and release agreement, I have carefully read and fully understand its terms.

_____	_____	_____
Participant Name (Print)	*Date of Birth*	*Last four digits of SSN*

_____ _____	_____ _____
Participant's Signature Date	*Staff signature Date*