STATE OF TENNESSEE JUVENILE COURT OF _____ COUNTY Judicial District

IN THE MATTER OF:)	
DEPARTMENT OF CHILDREN'S SERVICES))	
Plaintiff,))) Docket No.	
vs.)	
,)	
Defendant.	,	

PROTECTIVE ORDER

Come now the parties as evidenced by the signatures of their respective counsel as set forth below and agree to a Protective Order, pursuant to 45 C.F.R. 164.512, as follows:

- 1. All Department of Children's Services' records (Please, identify all the records that may or will be used in the legal proceeding and for what purpose, i.e. child abuse case, termination of parental rights) that at are used during these proceedings are to be held, used and, maintained by the Defendant and his counsel. Both the Defendant and his counsel agree that these records shall not be used, shown, disseminated, copied or in any way communicated to anyone for any purpose other than for use in the present case (In the Matter of: Department of Children's Services v. (Add name here), No. ______) before this Court.
- 2. All information regarding any child formerly or currently in the custody of the Department of Children's Services which is revealed or discussed during any

proceedings before the Administrative Procedures Division shall be considered confidential and shall not be disclosed by any person who has gained such knowledge during the proceedings or from the Department of Children's Services records or reports disclosed during the proceedings.

- 3. All Department of Children's Services documents which are entered into the trial record as exhibits or otherwise and any transcript generated during trial proceedings, shall be placed under seal, and will not be released or opened for any reason except upon Order of this Honorable Court after proper notice to counsel for the Department of Children's Services. (If you prefer not placing the records under seal, substitute this paragraph with number 4.)
- 4. Both parties to this proceeding understand that at the conclusion of trial, the Defendant and his counsel must either return the protected documents and all copies made of those documents described in paragraph one to the Plaintiff or destroy the documents at the conclusion of trial.

THIS BEING T	THE AGREEMEN	IT OF THE PARTIES, IT IS SO ORDERED,
ADJUDGED AND	DECREED.	
Entanod de a	day of	200
Entered the	_ aay or	, 200

Judge's Name here

APPROVED FOR ENTRY:	
BPR # Counsel for the State of Tenn. Department of Children's Services (Add Address and phone number here.)	
BPR # Counsel for the Defendant (Add Address and phone number here.)	
Certificate of I hereby certify that a true and exact co	,
hand delivery to the following people: on the _	

AUTHORIZATION TO RELEASE INFORMATION

Instructions: This form allows the release of confidential information regarding a child in the Department of Children's Services' custody under Title 37 of the Tennessee Code Annotated and the privacy notice required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended. I understand that this authorization is voluntary, and that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations (HIPAA).

I,	
Child's name	Date of Birth
Authorize	to disclose the
name and address of the agency or program making t	he disclosure
following information (Be very specific):	
to:	
name and address of the person, agency, or organization th	at will receive the information
The purpose of the authorized disclosure is to: (Be very spe	ecific)
I understand that I may revoke this consent in writing that action has been taken in reliance on it. Furthermore expires automatically on:	ore, in any event, this consent
expiration date for authorized con	sent
Child's Signature if the child is 17 years or older	Date
*Signature of person acting on the child's behalf	Date

^{*}Signature of individual acting on the child's behalf is: the parent or legal guardian of a child who is under 18 years of age: