Steve Sisolak

*Governor*

Richard Whitley, MS

*Director*



**Department of**

**Health and Human Services**

Division of Public and Behavioral Health

*Helping people. It’s who we are and what we do.*

**

Lisa Sherych

*Administrator*

Ihsan Azzam,   
Ph.D., M.D.

*Chief Medical Officer*

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**Authorized Requestor Form**

**(Attachment A)**

The individuals listed on this form, as part of an agency which provides child welfare services, are authorized to receive Cara Plans of Care upon request (NAC 449.984 1b). These individuals understand that information they receive must be handled in accordance with (NAC 449.948 3ab).

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name/Title | Organization/Department | Email | Signature |
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