

SERVICE COORDINATION RELEASE OF INFORMATION



I, _____, authorize the Stark County Family Council to release obtain information concerning:

Youth's Name: _____

Date of Birth: _____

Social Security Number: _____

I authorize the release of all information required for service coordination and/or the WrapAround process to/from the following organizations:

- | | |
|---|--|
| <input type="checkbox"/> Stark County Board of Developmental Disabilities | <input type="checkbox"/> Stark County Educational Service Center |
| <input type="checkbox"/> Stark County Family Court | <input type="checkbox"/> Service Review Collaborative (SRC) |
| <input type="checkbox"/> Stark County Department of Job and Family Services | <input type="checkbox"/> Service Coordination Committee (SCC) |
| <input type="checkbox"/> Stark County Mental Health and Addiction Recovery | <input type="checkbox"/> School District of Residence _____ |
| <input type="checkbox"/> MH/BH Provider _____ | <input type="checkbox"/> School District of Attendance _____ |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Any exceptions or exclusions for information released: _____ | |

Please Initial:

_____ I acknowledge if my child is undergoing eligibility for the Ohio Department of Medicaid's OhioRISE program, **or** becomes enrolled, **or** is enrolled, information may be shared with the Ohio Department of Medicaid, Aetna Better Health of Ohio, and Jefferson County Educational Service Center.

_____ I understand and acknowledge that this authorization extends to all or any parts of the record designated above, which may include treatment for mental illness, and/or alcohol/drug abuse/dependency, and/or AIDS/HIV.

I understand that this information will be released only to the participating agency representatives and that any information released to such representatives may not be further disclosed or shared with any person(s)/organizations(s) specifically listed on this form without my written, prior authorization, unless:

- Required to do so by federal and/or state law or regulation.
- Unless an emergency exists.
- Unless permitted by this or other policies of the Stark County Family Council.
- Unless the information has been sufficiently de-identified that the recipient would be unable to link the information to the client.

I understand that these records are protected by state and/or federal confidentiality regulations and cannot be disclosed without my written consent, unless provided for in the regulations.

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

I understand the following:

- The purpose of this information sharing is to facilitate the referral for and coordination of treatment services and to evaluate the effectiveness of these services for my child, family, and/or myself.
- Any and all rights to confidentiality that I may have under state or federal law will continue, except for information covered by this form.
- An electronic health record data system through Ohio Family and Children First will be used to collect and analyze data on children/families served through WrapAround and/or Service Coordination. ^^
- An electronic health record data system through Jefferson County Educational Service Center will be used to collect and analyze data on children/families served through OhioRISE. ^^
- The Child and Adolescent Needs & Strengths (CANS) tool is an assessment used by Stark County Family Council. The CANS assessment may be entered into the statewide CANS IT database. ^^
- All reports and publications of findings related to the evaluation of services received will not reveal my name or that of my family members, and all information and results will be presented in group format.

I do not consent to the disclosure of any information. Initialing will prevent proceeding with WrapAround/Service Coordination.

^^Information on my child, family, and/or myself may be accessed and used for the purpose of providing and evaluating services or coordinating care for my child, family, and/or myself by state agencies and agencies from other counties who utilize the same statewide electronic health record/database on a need to know basis. Information may be reported in aggregate form on state and local reports.

- This Release of Information will remain effective, without expiration, until the conclusion of my involvement and the involvement of my child with Stark County Family Council.
- However, I understand that I have the right to revoke this authorization in writing, by sending/providing such written notification to:
 Stark County Family Council
 Dan Gichevski, Executive Director
 6057 Strip Ave. NW
 North Canton, OH 44720
- I understand that I have the right to refuse to sign this authorization; however, should I refuse to sign the authorization, the above youth will not be eligible for financial assistance from the Stark County Service Coordination Committee.
- I have the right to inspect or copy the protected health information to be used or disclosed as permitted under law.

This Release of Information has been explained to me. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

Parent/Guardian Signature

Relationship to youth

Date

Youth Signature

Date

Witness Signature

Date