

**FAMILY & CHILDREN FIRST COUNCIL OF COSHOCTON COUNTY
 CONSENT OF RELEASE OF INFORMATION**

Person's Full Name

Date of Birth

Social Security Number

Individual Case Number

Creative Options members have my permission to use and/or disclose protected health information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person. Creative Options includes the following agencies.

- Allwell Behavioral Health Services
- Coshocton Behavioral Health Choices
- Coshocton County Department of Job & Family Services
- Coshocton County Board of DD
- Coshocton County Family & Children First Council
- Coshocton County Head Start
- Coshocton County Health Department
- Coshocton City Health Department
- Coshocton County Juvenile Court
- Coshocton County Schools
 - Coshocton Alternative School*
 - Coshocton City Schools*
 - Coshocton Opportunity School*
 - Ridgewood Schools*
 - Riverview Schools*
- Department of Youth Services
- First Step Family Violence Intervention Services

- Family PACT/Fatherhood Initiative
- Nurturing Families of Coshocton
- Medicaid
- Medicaid Managed Care Plans
 - CareSource*
 - Paramount Advantage*
 - Buckeye Community Health Plan*
 - Molina Health Care of Ohio*
 - United Health Care*
- Mental Health & Recovery Services Board
- Other: _____
- Other: _____
- Other: _____

I authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual.

Information regarding the following shall not be released unless initialed below:

CIRCLE ONE

INITIAL

Yes No N/A

Information:

- Identifying Information(Name, birth date, sex, race, address, telephone number, social security number)
- Medical Information (except for HIV, AIDS, mental health treatment records and drug and alcohol treatment records)
- Social history, treatment/ service history
- Individualized Education Plans (IEP's),
- Individualized Family Service Plans (IFSP's)
- Transition plans,
- Vocational assessments,
- Grades and attendance
- Other personal information regarding me or the individual named above (disability, type of services being received and name of agency providing services to me or the individual named above).

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Yes	No	N/A	_____	<u>HIV and AIDS related diagnosis and treatment</u>
Yes	No	N/A	_____	<u>Substance Abuse Information:</u> Substance abuse diagnosis, treatment plan, diagnostic intake/assessment, treatment progress, attendance, and drug test results for the past: (specify length of time or number of treatment episodes).
Yes	No	N/A	_____	<u>Mental Health Information:</u> Mental Health diagnosis, treatment plan, diagnostic, intake /assessment, medications, treatment progress, psychological/Psychiatric evaluation, attendance, test results
Yes	No	N/A	_____	<u>Financial Information:</u> Public assistance eligibility and payment information provide for establishing eligibility but not limited to pay stubs, W2's and tax returns, and other financial information.

- By signing this form, you are consenting to allow personal health information to be entered into an Electronic Protected Health Information (EPHI) medical file, FidelityEHR. FidelityEHR follows all requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality, integrity, and availability of EPHI, and to mitigate any reasonable risks or hazards to EPHI. Further, FidelityEHR protects against all unauthorized disclosures and manages compliance for all employees, contractors and vendors. Ohio Family and Children First Council (OFCFC) houses the Fidelity HER system for the Coshocton County Children and Families First Council. Your personal information will not be collected by OFCFC. Only demographic and non-personal identifying information will be collected by OFCFC for data analysis.

I understand that the Consent for Release of Information **expires 365 days from the date it is signed or one month after the time I am no longer served by the Family & Children First Council of Coshocton County** (whichever comes first unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Release of Information at any time in writing, along with the date and my signature. The revocation does not include any information, which has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. However, I understand that information being disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Family & Children First Council of Coshocton County.

