



AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT TO PARTICIPATE

Please list the name and birthdate of the individual that has been referred for services:

Participant's Full Name

Participant's Birth date

Athens Meigs ESC	Department of Youth Services
Gallia-Meigs County Community Action	Health Recovery Services
Holzer Hospital/Clinic	Hopewell Health Center/REACH
Integrated Services for Behavioral Health	Meigs County Board of DD
Meigs County Children Services	Meigs County DJFS
Meigs County Early Intervention	Meigs County Health Department/CMH/WIC
Meigs County Help Me Grow	Meigs County Juvenile Court
Nationwide Children's Hospital	PRISM
School/District _____	TASC of Southeast Ohio
InterSystems Committee	
Other _____	

I give the Family & Children First Council Intersystem Coordinator permission to contact the above agencies and their identified contact person in order to exchange/share/disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for above named person(s). This information will include contact information of the family, specific case information related to the Family Plan, mental health or substance abuse disorder information, and financial information relative to the Family Plan.

I understand that this authorization is only good for as long as I am enrolled in Wraparound Services, Service Coordination or involved with the Youth Implementation Grant. I also understand that I may cancel this authorization at any time by stating so in writing with the date and my signature. The revocation does not include any information which has already been shared between the time that I gave permission to share and the time that it was cancelled.

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 FidelityEHR system for the Meigs County Family and Children First Council. Your personal information will not be collected by OFCFC. Only demographic and non-personal identifying information will be collected for OFCFC for data analysis.

Signature of Person giving consent/Relationship

Date

Witness of Signature

Date

MCFCC Intersystem Coordinator

Date