

Confidentiality & Consent to Release Forms

Before a family support professional can share protected information, the family must sign a consent to release form. Review a copy of your programs consent to release form with your supervisor to become familiar with it. Look at the examples below of how this important information appears on release forms.

Client's Name & Specific Name of Program Making Disclosure

I _____, am signing this form for _____ <small>Full printed name of consenting person or persons</small>	<small>Full printed name of client</small>
_____	<small>Client's date of birth</small>
<small>Client address</small>	

I give [Home Visiting Program] permission to release or exchange confidential information about _____, whose birth date (DOB) is _____ to the following person or agency for the purpose of service planning, service coordination, eligibility determination, and/or program evaluation:

Who Will Receive The Disclosed Information

I want the following <i>organizations</i> to be able to exchange information with [Home Visiting Program]:													
<table style="width: 100%;"> <tr> <th style="text-align: left; padding: 2px;">Yes</th> <th style="text-align: left; padding: 2px;">No</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> Medical/Dental Practice</td> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> Health insurance provider</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> Dept. of Social Services</td> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> School/Preschool</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> CSB</td> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> WIC/ Health Department</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> Hospital _____</td> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <input type="checkbox"/> Mental Health Provider _____</td> <td></td> </tr> </table>	Yes	No	<input type="checkbox"/> <input type="checkbox"/> Medical/Dental Practice	<input type="checkbox"/> <input type="checkbox"/> Health insurance provider	<input type="checkbox"/> <input type="checkbox"/> Dept. of Social Services	<input type="checkbox"/> <input type="checkbox"/> School/Preschool	<input type="checkbox"/> <input type="checkbox"/> CSB	<input type="checkbox"/> <input type="checkbox"/> WIC/ Health Department	<input type="checkbox"/> <input type="checkbox"/> Hospital _____	<input type="checkbox"/> <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> Mental Health Provider _____		
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How Much & What Kind of Information Is To Be Disclosed

I want the following *kinds of information* about the client to be exchanged with [Home Visiting Program]:

- | | | |
|--|---|--|
| Yes No | Yes No | Yes No |
| <input type="checkbox"/> <input type="checkbox"/> Health info/Medical Record | <input type="checkbox"/> <input type="checkbox"/> Benefits/Services Needed | <input type="checkbox"/> <input type="checkbox"/> Educational Info/records |
| <input type="checkbox"/> <input type="checkbox"/> Financial Information | <input type="checkbox"/> <input type="checkbox"/> Mental Health Info/Record | <input type="checkbox"/> <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> <input type="checkbox"/> Developmental services/assessments | | <input type="checkbox"/> <input type="checkbox"/> Other: _____ |

I give permission for the following confidential information to be exchanged

- Assessment information
- Case notes
- Health/medical history
- Mental health history
- Immunization record
- Program participation
- Service plan
- Social history
- Substance/alcohol use/abuse
- Other: _____

42 CFR Part 2 I want confidential information about client *substance use history and/or treatment* shared

for the purpose of Coordination of care and treatment planning Other: _____.

To be disclosed to:

Name of agency or individual

Address

Phone

Statement Explaining How To Revoke The Release At Any Time

I acknowledge that I have read and understand the following:
 I can withdraw this consent at any time by telling the referring agency.

I may revoke this consent at any time, verbally or in writing, by informing [Home Visiting Program] except to the extent that [Home Visiting Program] has already taken action in reliance on it. A copy of this consent and a notation concerning the persons or agencies to which disclosure was made shall be included with my original case record. The person/s who receive/s the information to which this consent pertains may not disclose it to anyone else without my separate written consent.

Date The Permission Expires Or Conditions Under Which It Expires

This consent is good until _____ . (expiration date)

This consent is effective from (date) _____ to (date) _____ .
 (Maximum 365 days from date of this consent)

Client's Signature

Signature(s): _____

Date: _____

Consenting person or persons

Person explaining Form: Name, Title _____

Translator or witness: Signature _____

Client signature _____

Date _____

Parent/legal guardian (if client is a minor) signature _____

Date _____

Witness signature _____

Date _____

Confidentiality Conversation Examples

Discussing confidentiality in the home with families may take some practice. It is helpful to note your key talking points and practice aloud to yourself or with a peer. See the example scripts below for examples of how to explain key points when discussing confidentiality.



Defining Confidentiality

FSP: My program protects your confidentiality; meaning we do not share information about your family with anyone without your permission. We are not going to gossip about you or talk to your neighbors. When I visit with you, talk on the phone or connect you with other resources, I keep record of what we did or discussed so my supervisor knows I am doing my job and I can remember what I am working on with your family. This information, your demographic information and the fact that you are participating in this program are all considered as your private confidential information.



Explaining The Laws

FSP: Similar to the laws your medical doctor follows; all your personal health and educational information is protected by HIPAA and FERPA laws; and the law CFR Part 2 does not allow for the disclosure of any substance use information without your specific authorization.



Walking Through The Release Form

FSP: This form will be used to inform other organizations that I have permission to share information on your behalf. For example, sharing this form with your DSS caseworker would allow our agencies to exchange information and easily work together to coordinate services for you. The form determines what information can be shared and who I can and cannot share your information with. Signing this form is voluntary & will not impact your access to our program. This form is good for *(insert length of time)*, but you can revoke this consent at any time by letting me know.




Discussing Reasons Why You May Share Information

FSP: Your information is shared to support you with connection to resources or with the goals your family may have. For instance, I may share with other agencies like preschools, in order to help you qualify for services. Or coordinate with your doctor to ensure you and your family have the best care. You will almost always have prior knowledge to how and when I share information about you and your family. However, please be aware there may be times sharing your information is required by law, such as if court ordered or if child abuse or neglect is suspected.

Confidentiality Consideration Questions

It is the family support professional's responsibility to protect the confidentiality of families. In efforts to avoid inappropriate disclosures of protected information you can consider asking yourself the questions below before making a decision. Print, cut, and keep this consideration card with you to refer to at times of need.

Confidentiality		Confidentiality	
	Am I legally obligated?		Do I need to share this information to protect the family or another person from harm, even though the family has not given me permission to share it?
	Will the decision or action have a positive impact on the family and my relationship with my family?		Is this an immediate need, or can it wait until I check in with my supervisor?
	Will my decision or action positively impact my agency, my colleagues, and all home visiting programs?		If I do need to share information, can I do it in a way that protects the family's rights?
	Will the family benefit if I share this information?		If I were in the family's shoes, would I want my FSP to handle this situation in this way?
Does the family want me to share this information?	You don't have to make this decision alone. Talk it over with your supervisor or colleagues.		
Am I protecting the family's trust in sharing this information?			