

## **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							
Full printed name of consenting person or persons	Full printed name of client						
Client address	Client's date of birth						

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 organizations to be able to exchange information with [Home Visiting Program]:						
Yes No Yes No		No				
	Medical/Dental Practice		Health insurance provider			
	Dept. of Social Services		School/Preschool			
	□ CSB		WIC/ Health Department			
	🛛 Hospital		□ Other:			
	Mental Health Provider					







### 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							
Health info/Medical Record	Benefits/Services Needed	Educational Info/records							
Financial Information	Mental Health Info/Record	□ □ Other:							
Developmental services/asses	□ □ 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:
<ul> <li>Service plan</li> <li>Social history</li> <li>Substance/alcohol use/abuse</li> </ul>

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	• <u>•</u>	
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.

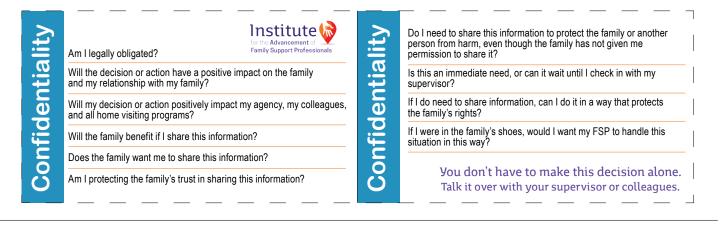


#### **Discussing Reasons Why You May Share Information**

**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.



#### EARLYIMPECT VIRGINIA ALLIANCE FOR FAMILY EDUCATION AND SUPPORT IN THE HOME

