

LICKING COUNTY CHILDREN & FAMILIES FIRST COUNCIL
CONSENT FOR RELEASE OF INFORMATION
 (Permission for multi-agency comprehensive services & exchange of information)

Youth's Full Name: _____ Date of Birth: _____

The following agency(s)/individuals have my permission to exchange/give/receive/share/re-disclose information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above-named person.
(CHECK EACH BOX and INITIAL)

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

I further authorize sharing of the following information to any third-party provider of services recommended or referred by Licking County Children and Families First Council (LCCFFC) Clinical Committee or the LCCFFC Community Support Team.

The following information shall be released unless initialed and marked no. Check yes or no and initial each, even if marked no.

- Yes No _____ *Identifying Information: name, birth date, sex, race, address, and telephone number.*
- Yes No _____ *Case Information: The above Identifying Information, plus medical (except for HIV, Aids, and alcohol and drug treatment records) and social history, treatment/service history, psychological evaluations, disability, Individual Education Plans (IEPs), grades and attendance, Individual Family Service Plans, vocational assessments, transition plans, type of service being received and name of agency providing services to me or the individual named above, and other personal information regarding me or the individual named above.*

The following information shall not be released unless initialed and marked yes. Check yes or no and initial each.

- Yes No _____ *HIV and Aids-related diagnosis and treatment.*
- Yes No _____ *Substance abuse diagnosis and treatment. (if applicable for youth)*
- Yes No _____ *Financial Information: Public assistance eligibility and payment information provided for establishing eligibility, including but not limited to pay stubs, W2s and tax returns, and other financial information.*
- Yes No _____ *I would like to be contacted by the State Parent Advocate.*

By signing this form, you are consenting to allow personal information to be entered into two (2) web-based data portals:

1. The Ohio Family and Children First (OFCF) Ohio Automated Service Coordination Information System (OASCIS) customer relations management tool, maintained by the Ohio Dept. of Job and Family Services (ODJFS)
2. The Child and Adolescent Needs and Strengths (CANS) IT portal, maintained by Ohio Dept. of Medicaid (ODM).

ODJFS and ODM follow all requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality, integrity, and availability of customer information, and to mitigate any reasonable risks or hazards to customer information. Further, ODJFS and ODM protect against all unauthorized disclosures and manage compliance for all employees, contractors and vendors.

By signing this form, you agree to the use of telehealth platforms. Telehealth platforms are managed by third party applications, not LCCFFC, ODJFS or ODM, and are not subject to their respective regulations. The use of such platforms could potentially introduce privacy risks.

I understand that the Consent for Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature and delivering it to my LCCFFC Family Team Facilitator. The revocation does not include any information which has been shared between the time I gave permission to share information and the time that it was cancelled. In addition, I understand that my signing or refusing to sign this consent form *will not affect public benefits or services for which I am eligible. Furthermore, by signing this form I indicate that I have read and understand the dispute resolution process contained in this document and I have received a copy of this document.*

This consent expires on the _____ day of _____ 20____.

Signature of Person: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Witness/Agency Representative: _____ Date: _____

CONSENT FOR RELEASE OF INFORMATION

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:
Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.
2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:
This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is **NOT** sufficient for the purpose of the release of HIV test results or diagnosis.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state law.

This form contains privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Confidentiality Section 2151.421 of the O.R.C. Penalty Section 2152.99 of O.R.C. Thank you for your consideration and confidentiality.

Revision 7-28-10

DISPUTE RESOLUTION PROCESS AND JUDICIAL AUTHORITY

The Dispute Resolution Process for the Licking County Children and Families First Council (CFFC) will be used when an agreement cannot be reached between agencies represented on the CFFC concerning the provision of services to children, including:

- children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court;
- children whose parents or custodians are voluntarily seeking services; and
- when an agreement cannot be reached between the family and a service provider regarding service coordination, including the child/family assessment, the family service coordination plan, or service responsibilities for implementing the family service coordination plan.

Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. Before a dispute reaches the CFFC dispute resolution process level, every attempt will be made to resolve the conflict in a face-to-face Family Team meeting. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. Nothing in this policy shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

Each agency represented on the CFFC that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services, and the funding for those services, during the dispute resolution process. Services will not be denied to a child and family that would place a child at imminent risk. The dispute resolution process addresses EMERGENCY SITUATIONS, defined as situations involving significant risk to the child or other persons who are to be addressed by the proposed comprehensive family service coordination plan.

The family will be made aware of and provided with a copy of the Dispute Resolution Process at the initial Family Team meeting or when first entering the CFFC service system. CFFC will appoint a Dispute Resolution Committee (Committee) from its member agencies and family representatives. A family team member or Multi-Systems Services Supervisor (MSSS) will initiate the dispute resolution process by contacting the CFFC Coordinator, Sylvia Friel, for the Committee or CFFC Board contact information-- sylvia.friel@jfs.ohio.gov, 740-670-8844, 74 S. 2nd St., PO Box 5030, Newark, OH 43058-5030. For CLINICAL COMMITTEE DISPUTES, go directly to step 2A.

1. A member of the family team will refer the matter, in writing, to the Committee within five (5) business days (1 BUSINESS DAY IF AN EMERGENCY) following failure to achieve resolution at the Family Team meeting. The Committee will convene a face-to-face meeting with the disputing parties (including the family) and issue a written decision to resolve the dispute within fifteen (15) business days (5 BUSINESS DAYS IF EMERGENCY SITUATION). All involved parties will be permitted to submit relevant written materials to the Committee prior to the meeting. At the meeting, it may be necessary to clarify with the disputing parties what is excluded from the process, such as single system eligibility or issues of adjudication. This meeting will occur at a time convenient for the family.

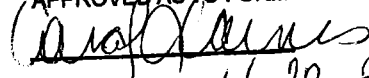
2. If this decision fails to result in satisfactory resolution by any of the parties involved, the dissatisfied party will inform the Committee within three (3) business days (1 BUSINESS DAY IF AN EMERGENCY). The Committee will then refer the matter to the CFFC Board of Directors within two (2) business days (1 BUSINESS DAY IF AN EMERGENCY). The CFFC Board of Directors will meet to review the dispute and issue written findings and recommendations within fifteen (15) business days (5 BUSINESS DAYS IF AN EMERGENCY). All involved parties will be permitted to submit relevant written materials to the Board prior to the meeting.

2A. CLINICAL COMMITTEE DISPUTES- Any Family Team member or the MSSS shall refer matters of dispute with the Clinical Committee to the CFFC Board of Directors within five (5) business days (1 BUSINESS DAY IF AN EMERGENCY) following notice of the Clinical Committee decision in dispute. The CFFC Board of Directors will meet to review the dispute and make written recommendations within fifteen (15) business days (5 BUSINESS DAYS IF AN EMERGENCY). The CFFC Board of Directors will solicit information from the family as deemed necessary. All involved parties will be permitted to submit relevant written materials to the Board prior to the meeting.

When a dispute originates from the family/youth enrolled in CFFC Service Coordination, the CFFC Board is the final arbitrator of individual case resolution. The overall time limitation for these individual case disputes is 40 days.

When a dispute between agencies cannot be resolved through the dispute resolution process, the case shall be filed with the Juvenile Court within five (5) business days, along with an inter-agency assessment and treatment information. The final arbitrator of resolution in these cases will be the presiding juvenile court judge. The overall time limitation for individual case disputes between agencies is 60 days.

APPROVED AS TO FORM


4-22-2024