



State of Illinois

Multi-Agency Consent to Disclose Confidential Information

NOTICE:

- This consent form shall be valid only in relation to the Specialized Family Support Program.
- Federal and Illinois law limits how your confidential information, such as your medical information, may be shared without your permission. If you sign this form, you are giving the entities listed below permission to share your confidential information with each other to determine the most appropriate services for you and connect you with those services.
- This consent is voluntary. The agencies listed below cannot condition your treatment, payment, enrollment, or eligibility for benefits on your signing this consent. However, if you do not sign this consent, the agencies' ability to determine and arrange appropriate services for you will be severely limited without the necessary disclosures under this consent.
- Right to revoke: You can revoke this consent at any time except to the extent that the disclosing parties have already taken action in reliance on it.
- To revoke this consent, sign the box labeled "Revocation of Consent" and send it to the Illinois Department of Healthcare and Family Services (HFS) at the address at the end of this form.
- Right to inspect: You can inspect and copy the information that will be shared under this consent, except for certain adoption records, certain information regarding the identity of a source of information or the location of the child, or under certain circumstances where information was received from a minor under a promise of confidentiality.
- You will receive a copy of this consent.
- Anyone who you allow to receive your information through this consent is prohibited from disclosing this information any further, unless you authorize the re-disclosure.

Section A: Information of Child Seeking Services

Name: _____ Date of Birth: _____

Address: _____

Section B: Terms of Consent

1. I give permission to the following agencies to share my confidential information with and amongst each other, including with any entity contracted by any of these agencies to provide or arrange for services:
 - Illinois Department of Healthcare and Family Services;
 - Illinois Department of Human Services;
 - Illinois Department of Juvenile Justice;
 - Illinois Department of Children and Family Services;
 - Illinois State Board of Education; and
 - Illinois Department of Public Health
2. The purpose of the disclosure is to assist the agencies to determine the most appropriate services for me and connect me with those services. I want the agencies to have accurate and timely information about my history to allow them to determine and arrange services for me in the best possible manner.

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3. The type of information to be disclosed includes the following:
 - a. My medical records and information, including physicals, histories, emergency department records, discharge summaries, test results, pathology reports, photos, x-rays, progress notes, consultation reports, medications, and billings;
 - b. My mental health or developmental disability information, including treatment information, diagnosis, prognosis, psychiatric evaluations, and behavior plans;
 - c. My substance abuse treatment information, including diagnosis, prognosis, psychiatric evaluations, and behavior plans;
 - d. The results of any HIV/AIDS tests, sexually transmitted diseases, and treatments resulting therefrom;
 - e. Master File Records maintained by the Illinois Department of Juvenile Justice;
 - f. My records maintained by the Illinois Department of Children and Family services, including any and all investigation records, case file records, and clinical records; and
 - g. My records maintained by the Illinois Department of Public Health, including but not limited to clinical records or references to lab testing, lead exposure, immunizations, reporting of infectious disease or adverse pregnancy outcomes, discharge and cancer data, or birth information located on a birth certificate.
4. This consent does not include the ability for the agencies to share psychotherapy notes.
5. Expiration: This consent shall expire on the following calendar date: ____/____/_____.
A calendar date must be specified here in order for this consent to be valid.

Section C: Signature of Child Seeking Services

- This Section must be signed by the child seeking services no matter what age the child is.
- If the child has been adjudicated as lacking the capacity (for any reason other than age) to manage his or her own affairs, the child does not have to sign this section. An appropriate representative must sign Section D.

Name (printed): _____

I have read and understand the Notice on page one of this consent. I have also read, understand, and agree to the Terms of Consent in Section B. I further understand that the records disclosed under this consent WILL include sensitive information such as evaluation, habilitation/treatment information for mental health, developmental disabilities, or substance abuse. I release and hold harmless the State of Illinois, the entities listed in Section B, and their employees from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted herein.

Signature: _____ Date: _____

Section D: Signature of Parent, Guardian, or other Legal Representative

- A parent, guardian, or other legal representative of a child under age 18 must sign and date this section in order for the consent to be valid.
- If the child seeking services has been adjudicated as lacking the capacity to manage his or her own affairs, the appropriate representative must sign this section.
- If this section is signed by a person other than a parent, please include a copy of the

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document showing the representative's signature authority, for example, a power of attorney, personal representative designation form, or order appointing a guardian.

Name (printed): _____

I have read and understand the Notice on page one of this consent. I have also read, understand, and agree to the Terms of Consent in Section B. I further understand that the records disclosed under this consent WILL include sensitive information such as evaluation, habilitation/treatment information for mental health, developmental disabilities, or substance abuse. I release and hold harmless the State of Illinois, the entities listed in Section B, and their employees from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted herein.

Signature: _____ Date: _____

Relationship to the Individual Seeking Services: _____

Section E: Signature of Witness (REQUIRED)

Name (printed): _____

I attest to the identity of the people who signed this consent form above.

Signature: _____ Date: _____

Relationship to people who signed form above: _____

Section F: Terms of Consent for Release of Educational Records

This section must be completed and signed in addition to all other sections above in order for the child's educational information to be shared.

Child's School Name: _____

School Address: _____

The purpose of this section is to authorize the child's school to share confidential student records information with the entities listed in Section B. If you sign this consent, the child's school may share the following educational information **[check all that apply]**:

- address and telephone number
- school enrollment
- grade level
- attendance
- grades
- standardized test scores
- discipline reports
- Individualized Education Program and other special education records
- other [please describe]: _____.

The agencies will use this information to determine the most appropriate services for the child

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and connect the child with those services.

You may inspect and copy the records, challenge the contents of the records, or limit your consent to designated portions of the records.

This consent will expire one year from the date of signature below, unless an earlier date is specified here: _____/_____/_____.

Signature of Parent or Guardian

The child's parent or guardian must sign this section at the first time of executing this consent. If the child subsequently turns age 18 and it is still necessary to share the child's educational information, the child must sign this section of the consent at that time.

Name (printed): _____

I have read and understand the Terms of Consent for Release of Educational Records. I authorize the school to release my child's educational information to the agencies identified in Section B for the purposes of determining the most appropriate services and connecting the child with those services.

Signature: _____ Date: _____

Revocation of Consent

- Do not complete or sign this Section unless revoking this Consent.

I no longer want the entities listed in Section B to share my confidential information with each other.

Name of Child Seeking Services: _____

Signature of Child: _____ Date: _____

Signature of Parent, Guardian, or other Legal Representative (if required above):

_____ Date: _____

To revoke this consent, sign and date the revocation above and send it to the following address:

Illinois Department of Healthcare and Family Services
Attn: ICG Coordinator
201 South Grand Avenue East
Springfield, IL 62704

Instructions for Use of the Multi-Agency Consent to Disclose Confidential Information

- The information disclosed pursuant to this consent may only be used in relation to the Specialized Family Support Program and shall not be further disclosed without additional authorization by the necessary individuals.
- Provide individuals signing this consent with a copy of it to keep for their records.
- In order for consent to be valid, all required information in Sections A through F must be fully completed as instructed below.
- Section A: Complete the child's full name, date of birth, and home address.
- Section B: Complete the calendar date for the expiration of the consent in Paragraph 5. A calendar date must be completed in this section in order for the consent to be valid. The calendar date may specify any time frame the individual chooses but a time frame such as 12 months from the date of execution or the child's 18th birthday, is recommended to minimize the need for repeated signing of the consent.
- Section C: In order for the consent to be valid, the child must sign this section, regardless of the child's age, unless the child otherwise lacks capacity to sign as stated in this section.
- Section D: The parent, guardian, or legal representative of a child under age 18 must sign and date this section in order for the consent to be valid. If this section is signed by a person other than a parent, please attach a copy of the document showing the representative's signature authority, such as a power of attorney, personal representative designation form, or order appointing a guardian.
- Section E: The child's and parent's signature must be witnessed by an adult over 18 years old who can attest to the identity of the individuals giving consent. The witness can be the Screening, Assessment and Support Services (SASS) provider, ICG Coordinator, or other competent adult. The witness should complete his or her full name, signature, date, and relationship to the child and parent.
- Section F: This section must be completed and signed in addition to all other sections in order for educational information to be shared. Complete the child's school name and address. The individual signing this section of the consent must authorize disclosure of certain kinds of information by placing a check mark next to each kind of information allowed to be shared. Complete the calendar date for the expiration only for this section of the consent if expiration earlier than 12 months is desired. If no date or a date beyond 12 months is specified, this portion of the consent will expire 12 months from the date of signature. Although it may be helpful for expiration of this section and the rest of the consent form to occur at the same time, the expiration dates do not have to be the same and the expiration of either portion does not affect the expiration of the other. The child's parent or guardian must sign and date this section at the first time of executing this consent. If the child subsequently turns 18 and it is still necessary to share the child's educational information, the child must then sign this section of the consent at that time.
- Revocation: Do not complete this section at the time of executing the consent. The individuals signing the consent should keep a copy so that they may complete the revocation section at any time in the future. They may revoke the consent by either completing the revocation section or otherwise stating revocation of the consent in writing, signing it, and sending it to the address provided in the revocation section. If this consent is revoked, the receiver of the revocation must immediately notify all entities listed in Section B of the revocation as appropriate.