



Fairfield County Family, Adult and Children First Council

Multi-System Youth Consent for Release of Information

Child's Name: _____ Date of Birth: _____

As the parent/legal guardian of the above named child, I authorize the following agencies and/or organizations the right to exchange information regarding case history, psychological and education assessments, treatment, and progress updates in order to develop comprehensive service coordination goals that meet the needs of this child and/or family. Information released under this authorization may be subject to re-disclosure by the recipient of the information. 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 Fairfield County Family, Adult & Children First Council. Your personal information will not be collected by OFCFC.

- Big Brothers/Big Sisters
- Fairfield County ADAMH Board
- Fairfield County Board of Developmental Disabilities
- Fairfield County Family, Adult & Children First Council
- Fairfield County Help Me Grow
- Fairfield County Job & Family Services:
 - Protective Services
 - Child Support Enforcement
 - Community Services
- Fairfield County Juvenile Court
- Integrated Services
- Lancaster Fairfield Community Action Agency:
 - Early Head Start
 - Head Start Programs
- Mid-Ohio Psychological Services
- New Horizons Mental Health Services
- OhioGuidestone
- School & Education Service Center (Specify): _____
- Other Agency or Organization(s): _____

I understand that I may revoke my consent to release information at any time. This consent form is valid for one year from the date the release is signed, or as otherwise stated: _____ (End Date of Consent).

X _____ / _____
 (Signature of Parent/ Legal Guardian) (Date)

THIS AREA FOR OFFICE USE ONLY—SIGN IN THIS AREA ONLY TO REVOKE PERMISSION

Revocation of consent: I hereby revoke the above consent for release of information.
 Upon revocations of consent, further release of specified information shall cease immediately.

 (Signature of Parent/ Legal Guardian) (Date)

Amy D... / 5/6/2020
 (Approved as to form) (Date)