



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. Only demographic and non-personal identifying information will be collected by OFCFC for data analysis.

I-Team

- Big Brothers/Big Sisters
- Fairfield County ADAMH Board
- Fairfield County Board of Developmental Disabilities
- Fairfield County Family, Adult and Children First Council
- Fairfield County Juvenile Court
- Mid-Ohio Psychological Services
- New Horizons Youth and Family Center
- Integrated Services
- OhioGuidestone
- School (Specify): _____
- Fairfield County Department of Job and Family Services:
 - Child Protective Services
 - Child Support Enforcement
 - Community Services
- Respite Providers:
 - A New Leaf, Inc.
 - National Youth Advocate Program
 - Other: _____
- Other Agency or Organization: _____

ECC

- Big Brothers/Big Sisters
- Fairfield County ADAMH Board
- Fairfield County Board of Developmental Disabilities
- Fairfield County Family, Adult and Children First Council
- Fairfield County Help Me Grow
- Lancaster/Fairfield County Early Head Start and Head Start Programs
- Mid-Ohio Psychological Services
- New Horizons Youth and Family Center
- Integrated Services
- OhioGuidestone
- School (Specify): _____
- Fairfield County Department of Job and Family Services:
 - Child Protective Services
 - Child Support Enforcement
 - Community Services
- Respite Providers:
 - A New Leaf, Inc.
 - National Youth Advocate Program
 - Other: _____
- Other Agency or Organization: _____

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).

_____/_____
 (Signature of Parent/ Legal Guardian)

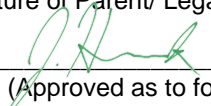
_____/_____
 (Date)

FOR OFFICE USE ONLY

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)


 (Approved as to form)

_____/_____
 May 3, 2019

_____/_____
 (Date)