



Council on Children and Families’ Interagency Resolution Unit: CONSENT for Information Sharing for Referred Children/Youth

The Council on Children and Families (CCF) Interagency Resolution Unit (IRU) helps facilitate individual children and youth who may need services from multiple systems identify and connect to the most appropriate community-based or residential services.

Purpose/Need for Information: For children/youth referred to the CCF IRU, permission is requested to allow the CCF IRU to get and share information to coordinate and facilitate access to needed services.¹ Permission must be given by either the parent/guardian/legally authorized representative of the referred child/youth OR referred youth if over 18 years of age.²

Name of Child/Youth Referred to the CCF IRU:	Date of Birth:
Parent/Guardian/Legally Authorized Representative (if youth is under 18 years of age):	
Address:	Telephone:
	E-mail:

Instructions: Section 1 explains this consent form. Section 2 asks for permission to share the referred child/youth’s **health** information with identified agencies and organizations. Section 3 asks for permission to share the referred child/youth’s **education and human services** information with identified agencies and organizations.

Section 1: I understand and acknowledge:

- Signing this authorization is voluntary.
- Refusal to provide consent will not impact eligibility for services/treatment but may inhibit the CCF IRU in identifying and facilitating access to services for the referred child/youth.
- Information must be used, disclosed, or re-disclosed only for a purpose covered by this authorization.
- With limited exceptions, health information once disclosed may be re-disclosed per federal Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Information may be shared without my permission if the safety of my child/youth/family or any other person is at risk or for a legal basis, such as if the information is needed to prevent or solve a crime.
- I have a right to revoke this authorization at any time in writing (by e-mailing the **centralizedintake@ccf.ny.gov** or mailing **CCF IRU, 52 Washington Street, West Building, Rensselaer, NY 12144**). I am aware that my revocation will not affect information disclosed while the authorization was in effect.
- I have the right to inspect and copy information to be used/disclosed.

¹ NYS Social Services Law section 483-b authorizes CCF to support children receiving the most appropriate services by working with NYS health, education, and human service agencies. Health Insurance Portability and Accountability Act (HIPAA) (42 CFR Part 2) governs the release of drug and alcohol records for care coordination and delivery of services. Federal Educational Rights and Privacy Act (FERPA) and corresponding regulations govern release of education records.

² Form also must be signed by the youth if they are under 18 years of age and pregnant, married, and/or a parent.

Section 2: Consent to Share Health Information

DOCUMENTS	
Mental Health Records	Functional Assessment
Psychiatric Evaluations/Assessment	IQ Assessment
Medical Records	Discharge Summary/Treatment Records
Speech and Language Evaluations	Diagnoses
Substance Use Records	Medication List (past & present)
C-SPOA Referral Packet	Financial and/or Insurance Information
Other (please specify):	
AGENCIES/ORGANIZATIONS	
Health Care Providers/Hospitals:	
Mental Health Providers:	
Care managers/coordinators/health homes (including Care Coordination Organizations, Health Home Homes Serving Children)	
Local government units (including county mental health/hygiene/health departments)	
NYS agencies (including Department of Health, Office of Mental Health, Office for People with Developmental Disabilities, Office of Addiction Services and Supports)	
Other (please specify):	

I allow CCF IRU to collect and share the above documents with all the agencies and organizations listed above.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If there are specific documents and/or agencies/organizations that you do not want your child/youth's information collected from or shared with, please list below.

This Authorization will expire (**check one**):

<input type="checkbox"/>	When the child/youth is no longer being assisted by CCFIRU
<input type="checkbox"/>	Year from date of signature below
<input type="checkbox"/>	Other (please specify):

I acknowledge that I have read and understood this authorization.

Signature of Parent/Guardian/Legally Authorized Representative OR Youth if Over 18 Years of Age
Printed Name
Relationship to Child/Youth
Date

Section 3: Consent to Share Education and Human Services Information

DOCUMENTS	
School Records	Current and Prior Placement History
CSE Referral to Residential School	Pre-Sentence Investigation Report
DSS Referral to an RTC/QRTP	Family/Other Court Orders
Other (please specify):	
AGENCIES/ORGANIZATIONS	
Educational agencies. Specify school district(s):	
Social service districts. Specify county/counties):	
Local government units	
NYS agencies (including State Education Department, Office of Children and Family Services)	
Other (please specify):	

I allow CCF IRU to collect and share the above documents with all the agencies and organizations listed above.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If there are specific documents and/or agencies/organizations that you do not want your child/youth's information collected from or shared with, please list below.

--

This Authorization will expire (**check one**):

<input type="checkbox"/>	When the child/youth is no longer being assisted by CCF IRU
<input type="checkbox"/>	Year from date of signature below
<input type="checkbox"/>	Other (please specify):

I acknowledge that I have read and understood this authorization.

Signature of Parent/Guardian/Legally Authorized Representative OR Youth if Over 18 Years of Age
Printed Name
Relationship to Child/Youth
Date