

**Agency of Human Services: Children's Integrated Services
Authorization Form (Form-CIS-03, Version 7-09) for Referral and Initial Intake
Instructions and Guidance**

The purpose of the CIS Authorization Form is to obtain written authorization for the CIS Intake Team to:

- review and triage referrals,
- obtain initial intake and further assessment/evaluation information as necessary to determine the services necessary,
- coordinate services across all Early Childhood providers based upon services determined necessary, and
- consult with the CIS Early Childhood Consultation Team when needed.

If a service plan is needed, written authorization specific to the services in the plan using authorization forms specific the services will need to be obtained.

1. **Name of Individual Served:** Print or type the first and last name of the individual being served.
2. **DOB:** Print or type the date of birth of the individual being served.
3. **Parent/Legal Representative:** Print or type the first and last name of the parent/legal representative if the individual served is a child.
4. **Last 4 of SSN#:** Print or type the last four digits of the individual being served SSN#.
5. **Descriptive paragraph of CIS Team of the Agency of Human Services:** Assure the parent/legal representative or adult individual being served by the CIS Team understands the role and membership of CIS Team based upon the descriptive paragraph in the authorization form.

The Children's Integrated Services (CIS) Team provides early childhood expertise and support services for pregnant women and children 0 to 6 years old. Children's Integrated Services involves a team of professionals that provide services in the following areas: Maternal and Child Nursing, Early Intervention, Early Childhood Mental Health, and Family Support. When a parent or young child is referred to CIS, the CIS Intake Coordinator will discuss the referral with the team. The Intake Coordinator may recommend that further assessment be conducted and/or that an appropriate specialist review information about the child and family.
6. **Permission statement to share check boxes:** Assure the parent/legal representative or adult individual being served by the CIS Team understands what information they are giving permission to share with the CIS Team and for which of the following purposes.
 - To determine the services that are necessary for my child and family
 - To coordinate services across all Early Childhood providers

- To consult with professionals associated with the Early Childhood Consultation Team in my region when needed
- To share information with the following person(s) that I choose _____
- Other _____

If the share information with the following person(s) that I choose box is selected, print or type the person(s) name in the space provided.

If the other box is selected, print or type the specific purpose in the space provided.

7. **Permission statement to obtain additional information check boxes:** Assure the parent/legal representative or adult individual being served by the CIS Team understands what information type they are giving permission to obtain and from whom with the CIS Team. Check the boxes that apply and complete the name of the person, agency, address, phone and information type.

If the obtain information other box is selected complete the name of the person, agency, address, phone and information type. Note: This can be used to obtain permission to provide feedback to the referral source.

8. **By signing this form, I understand statement:** Assure the parent/legal representative or adult individual being served by the CIS Team understands that by signing this form each of the following 9 statements.

- The reason(s) I am being asked to release information.
- I do not have to agree to the release of information. However, by not giving authorization, my child and family will not be able to participate in the entire Children's Integrated Services multidisciplinary review or assessment process.
- If I choose not to sign this form any benefits for which I or my child and family are entitled will not be affected.
- While the AHS takes every precaution to protect my health information once it is disclosed pursuant to this authorization, it may be subject to re-disclosure.
- If I am authorizing AHS to share information about HIV-related or alcohol or drug treatment, the recipient may not share my information with others unless permitted to do so by law.
- I may revoke this authorization at any time except to the extent that it has been acted upon.
- If I do not revoke or update this authorization, it will be in effect as long as I am receiving services from AHS.
- I will be provided a copy of this form.
- All items on this form and my questions about this form have been answered.

9. **Signature of Individual or Parent/Legal Representative:** Have this person sign their name and print or type their relationship to the client and the date of signature.

10. **Name of Person Explaining Authorization Process:** The person explaining and obtaining the authorization prints or types their first and last name, their organization and position and the date the authorization process was explained and signed by the individual or parent/legal representative.

Guidance

- 1. Can informed verbal consent be used to initiate the referral and intake process even though a written authorization (Form-CIS-03) is not received with the referral?** Yes, informed verbal authorization for referral to the CIS Intake Team obtained by the referral source can be used to initiate the referral and intake process for Children's Integrated Services. If the yes box is checked for the question *Is the Family is Aware of the CIS referral (Form-CIS-01, Version7-09)* then verbal authorization has been obtained to bring the referral to the CIS Intake Team. If the no box is checked then the referral source must obtain authorization for referral by the parent/legal guardian before the referral can be accepted by the CIS Intake Team.
- 2. When must the written authorization be obtained?** If the referral source does not include a written authorization (Form-CIS-03), the CIS Intake Coordinator or another member of the Intake Team or their designee will ask the individual or parent/legal guardian of the individual for authorization. If written authorization is obtained then the Initial Intake Form (Form-CIS-02) is completed.
- 3. If an individual or parent/guardian of the individual referred to CIS verbally agreed to the CIS referral but no longer is interested when contacted by the CIS Intake Coordinator (thus withdraws verbal authorization) can CIS maintain the referral information for program administrative purposes?** Yes, this data can be kept for program administrative purposes as stated in the AHS Consumer Information and Privacy Rule.
- 4. Is this authorization process HIPPA compliant?** It is only compliant for the purposes of obtaining information for your multi-disciplinary team discussion between CIS team members. This authorization is not for disclosure of information to others outside of the team. To release information beyond the CIS team you will need a more specific authorization.
- 5. How does an individual or parent/legal guardian revoke their authorization?** The individual or parent/legal guardian would let their service coordinator know, in writing, that they wished to withdraw their authorization for a specific service or all services.
- 6. A copy of a signed authorization form is included with a request for additional information request from a child care provider for example. How can I address the situation when more than one person/entity is checked for authorization to obtain additional information on the Authorization Form and the individual or parent/legal guardian would not want the other entity(ies) to know as it is sensitive information (such as substance abuse counselor)?** In this situation, complete a separate authorization form for that entity that the individual or parent/legal guardian considers sensitive thus keeping this information separate. The authorization form signed by the parent and included with the request for additional information from child care provider would have no reference to the authorization to obtain additional information from the substance abuse counselor.