

Agency of Human Services: Children's Integrated Services

Authorization Form (Form-CIS-03 With Family, Version 4-12) For Referral and Initial Intake Instructions and Guidance

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

- review and triage referrals
- obtain intake and assessment/evaluation information to determine the type of services that would benefit the individual or family
- coordinate services across a range of Early Childhood providers based upon services determined necessary to meet the individual's plan goals and outcomes, and
- confer with the CIS Early Childhood Consultation Team when needed

If a service plan is developed or updated, written authorization must be obtained for the specific support services named in the plan.

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 is a multidisciplinary team that provides early childhood expertise and support services for pregnant/postpartum women and children birth to 6 years old, and their families. The team is made up of professionals that provide services in the following areas: Nursing, Early Intervention, Early Childhood Mental Health, Family Support and Specialized Child Care.

6. **Permission statement for CIS other community providers to work together with the family:** Check boxes for all provider types to assure the parent/legal representative or adult individual, being served by a CIS member or team, understands they are identifying and giving permission for additional community providers to work directly with the CIS Intake Coordinator or Provider(s). Check the boxes that apply and write in the name of the person, agency, address, phone and contact information.

Note: This section can be used to obtain permission to provide feedback to the referral source.

7. **Permission statement to communicate with and disclose information among authorized CIS Team members and other providers:** Check boxes to assure the parent/legal representative or adult individual being served by the CIS Team agrees to and understands what information they are giving permission to share with the CIS Team and for which of the following purposes to review:
- CIS referral, intake, screening, assessment or evaluation records;
 - Physical and/or mental health records;
 - Records pertaining to support services checked above in #6;
 - Records pertaining to substance abuse treatment records, if applicable;
 - To coordinate services across all Early Childhood providers.
8. **By signing this form, I understand:** This section allows the parent/legal representative or adult individual being served by CIS providers to: 1) confirm their agreement about the extent to which information is released and to whom; 2) how their health information is protected once it is disclosed pursuant to an authorization, but may be subject to re-disclosure; 3) understand that their options for choosing not to participate in CIS services or that revoking authorization to share information will not affect other benefits for which the individual or family member is entitled; 4) that revocation of the authorization can be done at any time; and that 5) all items and questions about the form have been answered (for see: AHS #08-048-Consumer Information and Privacy Rule @ http://dcf.vermont.gov/cdd/cis/providers/intake_coordinators)
- 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 by contacting _____(name) at _____ (phone number), except to the extent that it has been acted upon.
 - If I do not revoke or update this authorization at any time, it will be in effect as long as I am receiving CIS services.
 - 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.

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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 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, Version 1-10)* then verbal authorization has been obtained to bring the referral to the CIS 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 Team.
2. **When must the written authorization be obtained?** If the referral source does not include a written authorization (Form-CIS-03), the CIS Coordinator, another member of the Referral Team or their designee will ask the individual or parent/legal guardian of the individual for authorization to gather further information. If written authorization is obtained, then the Initial Intake Form (Form-CIS-02) is completed and a more comprehensive review of the individual information may be made by the CIS Team.
3. **If an individual or parent/guardian of the individual referred to CIS verbally agreed to the CIS referral but is no longer interested when contacted by the CIS 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 CIS team. To release information beyond the CIS team you will need a more specific, written 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 any request for additional information, for example, a request for information from a child care provider. 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 a child care provider would have no reference to the authorization to obtain additional information from, for example, a substance abuse counselor.