



## Knox County FCFC

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Mount Vernon, OH 43050  
Knox\_FCFC@jfs.ohio.gov

### CONSENT FOR RELEASE OF INFORMATION

*A separate form is needed for each member of the family.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FCFC Community Team has my permission to exchange/give/receive/share information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above-named individual, which includes the following agencies:

All Knox County School Districts - including Mount Vernon City Schools  
Behavioral Healthcare Partners of Central Ohio, Inc.  
Children and Family Services Division of Knox County DJFS  
Knox County Juvenile Court/Probation  
Knox County Board of Developmental Disabilities  
Knox County Department of Job & Family Services  
Knox County Family and Children First Council  
Knox County Head Start, Inc.  
OhioRISE

Knox County Help Me Grow/Early Intervention  
Knox Learning Center – Knox ESC  
Knox Public Health  
Mental Health & Recovery Board of Licking & Knox Counties  
New Directions  
Ohio Department of Youth Services  
The Freedom Center  
The Village Network  
Other \_\_\_\_\_

**I authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the above-named individual (PLEASE NOTE THAT EVERY BOX MUST BE CHECKED YES OR NO)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Identifying Information</u> : name, birthdate, gender, race, address & telephone number
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security Number
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Case Information</u> : the above identifying information, plus medical (except for HIV, Aids & substance abuse treatment records), social history, treatment/service history, psychological evaluations, Individual Education Plans (IEP's), Individual Family Service Plans, transition plans, vocational assessments, school grades, school attendance, & other personal information regarding the individual(s) named above (disability, type of service being received and name of agency providing services to individual(s) named above).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Financial Information</u> : Public assistance eligibility & payment information provided for establishing eligibility, including but not limited to pay stubs, W-2's, tax returns and other financial information.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	HIV and Aids-related diagnosis and treatment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Substance abuse diagnosis and treatment

**I acknowledge with my signature below that I understand all the following information**

I understand that the information obtained may be entered and stored into an internet based, secure data system, not accessible to the public. All data obtained will be essential to intersystem service coordination per Knox County Family and Children First Council.

I understand that the Consent for Release of information expires 180 days from the date it is signed unless otherwise indicated below.

I understand that I may cancel this Consent for Release of Information at any time by stating in writing with the date and my signature to the FCFC Coordinator at the address on this form. The revocation does not include any information which has been shared between the time permission was given to share information and the time that it was cancelled.

I agree to the use of telehealth platforms for videoconferencing between myself, my family, my child/ren, Knox County FCFC and the FCFC Community Team agencies identified above.

*Please note that third-party applications, such as Zoom, Microsoft Teams, etc., potentially introduce privacy risks.*

This consent expires on: \_\_\_\_\_ (date of expiration)

Person OR Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Violations of Federal law and regulations by a program is a crime.  
Suspected violations may be reported to the United States Attorney in the district where the violation occurs  
This form contains privileged information. Any unauthorized review, use disclosure, or distribution is prohibited.  
Confidentiality Section 2152.421 of the O.R.C. Penalty Section 2152.99 of O.R.C.*