



## Consent and Release of Information

### *HCP Talking Points*

The HCP Consent and Release template was developed in accordance with HIPAA guidelines as a guide for local agencies that do not have their own consent and release forms. See [HCP Policy and Guidelines](#) document for recommendations and requirements regarding consent.

- The consent and release of information is between the child/youth or legal representative and the local public health agency, therefore, the logo for the local public health agency should appear on the form in the upper left hand corner. The HCP Specialty Clinic Consent and Release form is currently available in [English](#) and can be downloaded from <https://www.colorado.gov/pacific/cdphe/hcp-partner-and-provider-resources>. As other languages become available, they will be posted to the website as well.
- Agencies should adhere to their agency's policies and procedures regarding protected health information (PHI), confidentiality, consent and release of information, and records retention/storage.

Consent via a release of information is crucial in protecting not only the privacy of the child/youth, but also to help the care coordinator collect pertinent information about the child/youth which will help ensure continuity of care and informed decisions regarding the plan of care.

*\*If a youth is an emancipated minor, they may sign/initial the document. Otherwise, the legal representative must sign / initial as indicated.*

1. Child/Youth Information: Please enter the child/youth's information. All information in this box must be completed.
2. Specialty Clinic: The youth\* or legal representative must initial to indicate, yes, they consent, or, no, they do not consent to clinic services.
  - a. If consent is not indicated, the child/youth cannot be seen in HCP Specialty Clinics.
  - b. *Note: Children's Hospital Colorado will also have documents for the youth\* or legal representative to sign.*
3. Care Coordination: The youth\* or legal representative must initial to indicate, yes, they consent, or, no, they do not consent to care coordination services. If consent is not indicated, HCP care coordinators may provide information and resources; however, they may not coordinate care on the child/youth's behalf without consent.
4. Release & Exchange of Information: Include the person or the class of persons authorized to receive and disclose information (i.e. child/youth's school, HCP Care Coordinator, Brain Injury Alliance of Colorado - BIAC).
5. Information to be Released: Select the appropriate box(es) to indicate which medical records are authorized for release/exchange. The youth\* or legal representative may either select to release all records necessary for care coordination and/or specialty clinic services, or select specific categories. The youth\* or legal representative must initial to indicate, yes, they consent, or, no, they do not consent to the categories listed.
  - a. *Note: This consent and release of information is valid for one year from the date of signature unless otherwise specified.*



6. Supporting Educational Needs: The youth\* or legal representative must initial to indicate, yes, they consent, or, no, they do not consent to the release and exchange of pertinent educational records and evaluation information. Select the appropriate box(es) to indicate which information is authorized for release/exchange. The youth\* or legal representative may either select to release all records necessary for care coordination, or select specific categories.
  - a. *Note: This consent and release of information is valid for one year from the date of signature unless otherwise specified.*
  - b. Acronyms:
    - i. RTI - [Response to Intervention](#)
    - ii. IEP - [Individualized Education Plan](#)
    - iii. IHP - [Individual Health Plan](#)
7. Data Storage: This section describes the CDS data base and associated risks. CDPHE has statutory authority to operate and maintain a program for children and youth with special healthcare needs, including the collection of the minimum data necessary to operate and maintain the program.
8. Privacy Practices: This section addresses privacy practices. Ask the youth\* or legal representative to sign to acknowledge receipt the Notice of Privacy Practices when the Notice is provided.
9. Authorized Representative Authorization: You must keep numbers 1 through 5 in this section: They are key components to keeping the release within the guidelines set out by HIPAA. Under the signature and date, the youth\* or legal representative prints their name, relationship or legal authority to act on the behalf of the child/youth.
  - a. *Important - The consent and release of information should be reviewed and updated annually, and more frequently as needed, to ensure continuity of care and informed decisions regarding the plan of care.*
10. Copy of Consent: Once the local public health agency has received the signed release from the youth\* or their legal representative, provide them with a copy and check the box indicating such.