

**RICHLAND COUNTY YOUTH AND FAMILY COUNCIL**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

The Richland County Youth and Family Council are granted permission to discuss and exchange information about the treatment of:

\_\_\_\_\_ Consumer's Full Name

\_\_\_\_\_ Date of Birth Social Security Number

Richland County Juvenile Court/Probation: \_\_\_\_\_

Richland County Board of Developmental Disabilities (Newhope): \_\_\_\_\_

Richland County Mental Health Board: \_\_\_\_\_

Richland County Job and Family Services: \_\_\_\_\_

Richland County Children Services: \_\_\_\_\_

OhioRISE Aetna Better Health of Ohio: \_\_\_\_\_

OhioRISE Coleman Health: \_\_\_\_\_

**Other**/School System: School Name: \_\_\_\_\_

**Other** Mental Health Provider: Agency Name: \_\_\_\_\_

Family Advocate (NAMI): Name \_\_\_\_\_

**Other:** \_\_\_\_\_

For qualification and use of service coordination and possible funding.

This authorization shall expire on: \_\_\_\_\_. Not to exceed 365 days from the date of authorization.

I understand that the above listed information is protected by Federal and Ohio law governing confidentiality rules and cannot be re-disclosed without my written permission. However, I also understand that if I have given permission for disclosure to persons who are not required by Federal State law to keep the information confidential, these persons may disclose my protected health information without getting my authorization prior to disclosure.

If this information to be disclosed includes records of diagnosis and/or treatment of drug or alcohol condition: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person, or guardian of the person, to who it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug patient.

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By signing this form, you are consenting to allow personal health information to be entered into the Ohio Automated Service Coordination Information System, OASCIS and the Child Adolescent Strength and Needs Assessment Information Technology system (CANS IT). OASCIS follows all requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality, integrity, and availability of EPHI, and to mitigate any reasonable risks or hazards to EPHI. Further, OASCIS protects against all unauthorized disclosures and manages compliance for all employees, contractors, and vendors. Ohio Family and Children First Council (OFCFC) houses the OASCIS system for the Richland County Youth and Family Council. The CANS IT system records information about the child/youth and their caregivers within one shared system. The CANS IT system is managed by the Ohio Department of Medicaid.

I understand that I am under no obligation to sign this authorization. I further understand that I have a right to a copy of this authorization and to inspect or obtain a copy of any information that will be disclosed because of this authorization.

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\_\_\_\_\_  
Signature: Consumer/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Consumer/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Witness

\_\_\_\_\_  
Date

I hereby revoke this release of information

\_\_\_\_\_  
Signature: Consumer/Parent/Guardian

\_\_\_\_\_  
Date

**Or deliver to Michelle Miller at Richland County Youth & Family Council  
171 Park Ave. East, Mansfield, OH 44902  
[michelle.miller2@jfs.ohio.gov](mailto:michelle.miller2@jfs.ohio.gov)**