



State of Illinois

## Children's Behavioral Health Multi-Agency Consent to Disclose Confidential Information

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### NOTICE:

- Federal and Illinois law cited herein limits how your confidential information, such as your medical information, may be shared without your permission. If you sign this consent form, you are giving the entities listed below permission to share your confidential information with each other to determine the most appropriate services for you and connect you with those services. These disclosures are authorized pursuant to the Family Education Rights and Privacy Act (20 U.S.C. Section 1232g)(“FERPA”), the Illinois School Student Records Act (105 ILCS 10/1 et seq.)(“ISSRA”), the Illinois Mental Health and Developmental Disability Confidentiality Act (740 ILCS 110/1 et seq.)(“MHDDCA”), the Individuals with Disabilities Education Act (34 CFR § § 300.154(d)(2)(iv)(A)-(B); 300.622 (“IDEA”) and other applicable federal and state law.
- This consent is voluntary. The agencies listed below cannot condition your treatment, payment, enrollment, or eligibility for benefits on your signing this consent. Your permission will not affect your child's special education services or Individualized Education Program (“IEP”) or Individualized Family Service Plan (“IFSP”) rights in any way if your child is eligible to receive them. However, if you do not sign this consent, the agencies' ability to determine and arrange appropriate services for you will be severely limited.
- Right to revoke: You can revoke this consent at any time except to the extent that the disclosing parties have already taken action in reliance on it. To revoke this consent, sign the box labeled “Revocation of Consent” and send it to the Illinois Department of Human Services (“IDHS”) at the address at the end of this form.
- Right to inspect: You can inspect and copy the information that will be shared under this consent, except for certain adoption records, certain information regarding the identity of a source of information or the location of the child, or under certain circumstances where information was received from a minor under a promise of confidentiality.
- You will receive a copy of this consent.
- Anyone who you allow to receive your information through this consent is prohibited from disclosing this information any further, unless you authorize the re-disclosure.

### NOTICE FOR THE RELEASE OF EDUCATIONAL RECORDS:

- Your consent is required by FERPA and ISSRA for the Illinois State Board of Education (“ISBE”) to release education records. Your consent is also required by the MHDDCA to release all documents and communications from a therapist, doctor, or hospital which may be deemed mental health records under the MHDDCA and not “health-related information” under ISSRA (23 Ill. Admin. Code § 375.10).
- Your rights related to educational records:
  - (1) You have the right to not consent to the release of your education records;
  - (2) You have the right to inspect any written records released pursuant to this consent;
  - (3) You have the right to receive a copy of the records disclosed upon request;
  - (4) You have the right to revoke this consent at any time by delivering a written revocation to ISBE;
  - (5) You have the right to challenge the contents of the records; and
  - (6) You have the right to limit your consent to designated portions of the student records.

**Section A: Information of Child Seeking Services**

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

Home Address: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

**Section B: Terms of Consent**

1. I give permission to the following agencies to share my (the child's) confidential information with and amongst each other, including with any entity contracted by any of these agencies to provide or arrange for services:
  - Illinois Department of Healthcare and Family Services;
  - Illinois Department of Human Services;
  - Illinois Department of Juvenile Justice;
  - Illinois Department of Children and Family Services;
  - Illinois State Board of Education;
  - Illinois Community and Residential Services Authority; and
  - Illinois Department of Public Health.
2. I also give permission to the above agencies to share my (the child's) confidential information with the person or entity who referred me (the child) for services.
3. The purpose of the disclosure is to assist the agencies to determine the most appropriate services for me (the child) and to connect and provide me (the child) with those services.
4. The type of information to be disclosed includes the following:
  - a. Medical records and information, including physicals, histories, emergency department records, discharge summaries, test results, pathology reports, photos, x-rays, progress notes, consultation reports, medications, and billings;
  - b. Mental health or developmental disability information, including treatment information, diagnosis, prognosis, psychiatric evaluations, and behavior plans;
  - c. Substance use treatment information, including diagnosis, prognosis, psychiatric evaluations, and behavior plans;
  - d. The results of any HIV/AIDS tests, sexually transmitted infections, and treatments resulting therefrom;
  - e. Master File Records maintained by the Illinois Department of Juvenile Justice;
  - f. Records maintained by the Illinois Department of Children and Family services, including any and all investigation records, case file records, and clinical records;
  - g. Records maintained by the Illinois Department of Public Health, including but not limited to clinical records or references to lab testing, lead exposure, immunizations, reporting of infectious disease or adverse pregnancy outcomes, discharge and cancer data, or birth information located on a birth certificate; and
  - h. Records maintained by the Illinois School Board of Education or the child's school, including the following confidential student information: address and telephone number; school enrollment; grade level; attendance; grades; standardized test scores; discipline reports; and Individualized Education Program and other special education records.
5. This consent does not include the ability for the agencies to share psychotherapy notes.

## Children's Behavioral Health Multi-Agency Consent (continued)

6. Expiration: This consent shall expire on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**A calendar date must be specified here for this consent to be valid.**

### Section C: Signature of Child Seeking Services

- This Section must be signed by the child seeking services if the child is 10 years of age or older.
- If the child has been adjudicated as lacking the capacity (for any reason other than age) to manage his or her own affairs, the child does not have to sign this section. An appropriate representative must sign Section D.

Name (printed): \_\_\_\_\_

I have read and understand the Notice and Notice for the Release of Educational Records on page one of this consent. I have also read, understand, and agree to the Terms of Consent in Section B. I further understand that the records disclosed under this consent WILL include sensitive information such as evaluation, habilitation/treatment information for mental health, developmental disabilities, or substance use. I authorize the release my records, including my mental health records and information pursuant to the MHDDCA, to the agencies identified in Section B for the purposes of determining the most appropriate services and connecting and providing me with those services. I release and hold harmless the State of Illinois, the entities listed in Section B, and their employees and contractors from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted herein.

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

Date: \_\_\_\_\_

### Section D: Signature of Parent, Guardian, or other Legal Representative

- A parent, guardian, or other legal representative of a child under age 18 must sign and date this section in order for the consent to be valid.
- If the child seeking services has been adjudicated as lacking the capacity to manage his or her own affairs, the appropriate representative must sign this section.
- If this section is signed by a person other than a parent, please include a copy of the document showing the representative's signature authority, for example, a power of attorney, personal representative designation form, or order appointing a guardian.

Name (printed): \_\_\_\_\_

I have read and understand the Notice and Notice for the Release of Educational Records on page one of this consent. I have also read, understand, and agree to the Terms of Consent in Section B. I further understand that the records disclosed under this consent WILL include sensitive information such as evaluation, habilitation/treatment information for mental health, developmental disabilities, or substance abuse. I authorize the release of the child's records, including the child's educational information, to the agencies identified in Section B for the purposes of determining the most appropriate services and connecting and providing the child with those services. I release and hold harmless the State of Illinois, the entities listed in Section B, and their employees and contractors from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Individual Seeking Services: \_\_\_\_\_

**Section E: Signature of Witness (REQUIRED)**

Name  
(printed): \_\_\_\_\_

I attest to the identity of the people who signed this consent form above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to people who signed form above: \_\_\_\_\_

**Revocation of Consent**

- Do not complete or sign this Section unless revoking this Consent.

**I no longer want the entities listed in Section B to share my confidential information with each other.**

Name of Child Seeking Services: \_\_\_\_\_

Signature of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent, Guardian, or other Legal Representative (if required above):

\_\_\_\_\_ Date: \_\_\_\_\_

To revoke this consent, sign and date the revocation above and send it to the following address:

Mail:

Illinois Department of Human Services  
Division of Mental Health  
Attn: Children's Behavioral Health Care Portal Manager  
401 S. Clinton St., 2<sup>nd</sup> Floor  
Chicago, IL 60607

-or-

Email: [DHS.DMH.BEACON@illinois.gov](mailto:DHS.DMH.BEACON@illinois.gov)

If sending by email, customers are strongly encouraged to use encryption and password protection.

**Instructions for Use of the Multi-Agency Consent to Disclose Confidential Information**

- The information disclosed pursuant to this consent may be used in relation to the Specialized Family Support Program and the Children's Behavioral Health Transformation Initiative and shall not be further disclosed without additional authorization by the necessary individuals.
- Provide individuals signing this consent with a copy of it to keep for their records.
- In order for consent to be valid, all required information in Sections A through E must be fully completed as instructed below.
- Section A: Complete the child's full name, date of birth, home address, school name, and school address.
- Section B: Complete the calendar date for the expiration of the consent in Paragraph 5. A calendar date must be completed in this section in order for the consent to be valid. The calendar date may specify any date the individual chooses but a date such as 12 months from the date of execution or the child's 18<sup>th</sup> birthday is recommended to minimize the need for repeated signing of the consent.
- Section C: In order for the consent to be valid, the child must sign this section if they are 10 years old or older, unless the child otherwise lacks capacity to sign as stated in this section.
- Section D: The parent, guardian, or legal representative of a child under age 18 must sign and date this section in order for the consent to be valid. If this section is signed by a person other than a parent, please attach a copy of the document showing the representative's signature authority, such as a power of attorney, personal representative designation form, or order appointing a guardian.
- Section E: The child's and parent's signature must be witnessed by an adult over 18 years old who can attest to the identity of the individuals giving consent. The witness can be the Screening, Assessment and Support Services ("SASS") provider, ICG Coordinator, or other competent adult. The witness should complete his or her full name, signature, date, and relationship to the child and parent.
- Revocation: Do not complete this section at the time of executing the consent. The individuals signing the consent should keep a copy so that they may complete the revocation section at any time in the future. They may revoke the consent by either completing the revocation section or otherwise stating revocation of the consent in writing, signing it, and sending it to the address provided in the revocation section. If this consent is revoked, the receiver of the revocation must immediately notify all entities listed in Section B of the revocation as appropriate.