

AUTHORIZATION FOR RELEASE OF INFORMATION
Kansas Department of Health and Environment
Family Health Comprehensive System

Service providers in your community are partnering to improve the services you may need. We do that by sharing information with each other. This means we know what services you need. It also makes it faster and easier for you to access those services.

If you agree to let us share your and your child(ren)'s protected health information between service providers, it will be stored in a secure electronic system that only other service providers in your community can access. All providers with access to the system are required to keep your information secure. We will only use your and your child(ren)'s information to coordinate services and share information among service providers within your community.

If you agree, information that will be shared in the system includes:

- Protected health information (Ex: name, gender, date of birth).
- Information about services you receive (Ex: health screening, education, home visits).
- Information about assessments you receive as part of a service (Ex: answers to questions about housing needs, tobacco use, prenatal care).

Do you agree to allow Family Health service providers in your community to share your information to provide better services?

Yes, my / my family's protected health information can be shared with only other community based Family Health service providers who will also secure my information. I understand that I can revoke my agreement at any time by notifying a participating service provider.

No, my / my family's protected health information cannot be shared. (If you select this option, your information will not be shared with other service providers in your community). I understand that my / my family's information will be included in the system, but my protected health information will not be shared between providers.

Signature

Date

Printed Name

Signature of Program Staff/Witness

Date

Participating Agency/Program