Authorization and Consent for Disclosure,
Receipt, and Use of Confidential Information
by the Juvenile Welfare Board of Pinellas County

I, _____
_____ (*print participant name(s)*)
acknowledge that I am a participant of _____(*name of program or service*). I acknowledge that the Juvenile Welfare Board of Pinellas County ("JWB") provides funds to make the program or service in which I am participating available. I also acknowledge that in order to make sure that all services delivered to participants are of the highest possible quality, JWB may need to review information about me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payor for these services, and that JWB generally provides no direct services to me, except that in certain circumstances JWB may facilitate service delivery. I further acknowledge that JWB does not provide medical diagnoses to me and JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, to facilitate service delivery, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/ psychological/ substance use treatment information from my medical health record, any information concerning the performance of any tests, results of those tests, developmental-alcohol, drug abuse, and counseling and treatment records, as allowed by all state,

federal and local laws, including, but not limited to the following: Florida Statutes 394.459, 381.004, and 456.057; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42, Part 2. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I am signing this Authorization voluntarily. I may decline to sign this Authorization. However, refusal to sign does not stop the use or disclosure of confidential information, including protected health information, that is otherwise permitted to be used or disclosed by law without my specific authorization. Refusal to sign this Authorization will not lead to an impact on my participation in the program or service listed above.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. I may revoke this Authorization by submitting my request in writing to the place where I submitted this Authorization but understand that such revocation will not apply to actions already taken prior to my revocation. I also understand that once my confidential information is disclosed based on this Authorization, it may be further used or disclosed and will no longer be protected by state or federal privacy laws.

If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, or for compliance and quality review activities performed by JWB or its agents, upon completion of the last research project or compliance/ quality review, whatever occurs latest. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

_____ _____

Witness Signature Date

_____ _____

(print participant name) Signature of Participant or Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian

_____ ○ Personal Representative (Legal Documents Required)

Effective Date

(print participant name)

Effective Date

Signature of Participant or Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian
○ Personal Representative (Legal Documents Required)

(print participant name)

Effective Date

Signature of Participant or Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian
○ Personal Representative (Legal Documents Required)

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Effective Date

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○ Participant ○ Parent ○ Guardian
○ Personal Representative (Legal Documents Required)

(print participant name)

Effective Date

Signature of Participant or Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian
○ Personal Representative (Legal Documents Required)

RECIPIENTS OF INFORMATION DISCLOSED PURSUANT TO THIS AUTHORIZATION: PLEASE BE ADVISED THAT YOU ARE STRICTLY PROHIBITED FROM FURTHER DISCLOSING ANY SUCH INFORMATION WITHOUT THE EXPRESSED WRITTEN CONSENT OF THE PARTICIPANT OR THEIR LEGAL REPRESENTATIVE, UNLESS OTHERWISE EXPRESSLY PERMITTED BY APPLICABLE LAW. 42 C.F.R. PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.