



Current Status: Active

PolicyStat ID: 7850834



Date Issued: 9/1/1998
 Effective: 4/7/2020
 Last Approved Date: 4/7/2020
 Last Revised Date: 4/7/2020
 Next Review: 10/31/2022
 Owner: Dana James: Consultant
 Policy Area: Wraparound (Wrap, REACH, youth CCS)-Care Cord.

References:

#011 Consent / Acknowledgement and Authorization Forms

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee to have the youth and a parent/legal guardian sign the identified Consent/Acknowledgment and Authorization For Release of Information forms during the initial **face-to-face** contact that the Care Coordinator has with the family. The initial **face-to-face** contact **must** occur within five (5) business days of enrollment.

The purpose of the Consent/Acknowledgement Form (see *Care Coordination Frequently Used Forms*) is to receive permission from the youth and parent/legal guardian for the following:

- Acknowledge receipt of Client Rights and Grievance/Appeal Procedure
- Acknowledge receipt of Privacy Statement
- Consent for transportation
- Owen's Place
- Emergency Medical/Mental Health Care
- Assignment Of Benefits

The purpose of the Authorization for Release of Information Form (see *Care Coordination Frequently Used Forms*) is to receive permission from the youth and parent/legal guardian to allow Children's Mental Health Services and Wraparound Milwaukee personnel to give or receive information with or from specific identified agencies/persons.

Note: For Children's Mobile Crisis Team, see Policy #027- Children's Mobile Crisis- Consent for Treatment

II. PROCEDURE

The Care Coordinator is responsible for getting the necessary signatures during the first visit with the youth/family, which **must** occur within five (5) business days of enrollment.

Youth under the age of 14 (at enrollment) are not required to sign the Consent Forms. Youth age 14 and older must sign the Consent Forms. If a youth is not 14 years of age when he/she enters the program, but turns 14 while enrolled in a Children's Community Mental Health Services and Wraparound Milwaukee program, the Care Coordinator must obtain new consents with both the youth and parent/legal guardian signatures at the time of the youth turning 14.

Note: Exchange of information and formal Children's Community Mental Health Services and Wraparound Milwaukee services cannot legally occur without the Consent Forms being signed.

All Consent/Acknowledgement and Authorization forms expire 12 months from the date they were signed, unless a different date, that is less than a year, is requested by the youth and/or parent/legal guardian.

Consents and Authorizations can be canceled/revoked at any time. This must be done in writing and submitted to Children's Community Mental Health Services and Wraparound Milwaukee Quality Assurance Manager, as directed on the back of the Consents.

A. Consent/Acknowledgement Form.

1. The Care Coordinator is responsible for explaining each item on the Consent/Acknowledgement form.
2. The parent/guardian, and the youth if they desire, should initial each item. This signifies consent to that item or acknowledgment of receipt.
3. The Care Coordinator is to offer an overview of the Client Rights and Grievance/Appeal Procedure information contained in the Clients Rights and Grievance/Appeal Procedure handout and answer any questions that the youth or family might have.
4. The Care Coordinator is to offer an overview of the HIPAA Privacy Statement and answer any questions that the youth or family might have.
5. The signed Consent/Acknowledgement Form is to be uploaded in Synthesis (Children's Community Mental Health Services and Wraparound Milwaukee's IT System) under the youth's Release/Consent tab. If maintaining the original hard copy, this is to be placed under the Intake/Consent section of the hard file.
6. **Upon Request**, a copy of the form is to be given to the legal guardian/youth (per DHS 94.03(3)).

B. Authorization for Release of Information Form.

1. The Care Coordinator is responsible for explaining that signing the Authorization for Release of Information Form allows Children's Community Mental Health Services and Wraparound Milwaukee to exchange information with the agencies/persons listed on the form.
2. A copy of the Authorization for Release of Information Form **must be given to the family**. This form will be initially completed and signed at enrollment by the Children's Community Mental Health Services and Wraparound Milwaukee Screener.
3. Copies must also be shared with parties identified as receiving/exchanging information.
4. Additional Authorization for Release of Information Forms must be completed for new service providers (*see Care Coordination Frequently Used Forms- Authorization to Release/Exchange Information- Later Use*). For example, if a new service Provider is requested and is not listed on the original Authorization for Release of Information Form, another form must be completed and signed/ dated by the parent/legal guardian and youth age 14 and older, before the Care Coordinator can release/exchange information or make referrals to that Provider.
5. After the form(s) is(are) signed, the Authorization for Release of Information Form becomes a permanent part of the youth's record and is to be uploaded and each Agency/person listed on the consent form is entered in Synthesis under the youth's Release/Consent tab. If maintaining the original hard copy, this is to be placed under the Intake/Consent section of the hard file.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	4/7/2020
	Brian McBride: ExDir2 – Program Administrator	4/7/2020
	Dana James: Consultant	3/27/2020
	Dana James: Consultant	3/27/2020

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