State of Illinois
Department of Human Services

HOME VISITING DATABASE INFORMED CONSENT

Name of Parent/Guardian Participant: _____
(Last) (First) (MI)

Parent/Guardian Participant's Date of Birth: _____
(Month/Day/Year)

It is important that you read the following. If there is anything that you do not understand, or if you have any questions, be sure to ASK your Family Support Worker/Home Visitor.

Welcome to the Illinois Department of Human Services (IDHS) Home Visiting Program. Some DHS home visiting programs receive federal funds from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), which is authorized by the Social Security Act, Title V, § 511 (42 U.S.C. § 711). Some programs receive State funding for the Home Visiting Program authorized by 20 ILCS 1305/10-16. All IDHS-funded home visiting agencies use a data management system to collect confidential data on individuals receiving home visiting services including but not limited to Healthy Families America and Parents as Teachers.

IDHS is asking for permission to collect information about you and your family and store it in a centralized computer system maintained by IDHS. Only those authorized professionals with a direct need to know will have access to this information for service authorization, audit, and evaluation purposes. Your information will be kept confidential and not shared with anyone else. Necessary information, without any client's name, may be sent to federal agencies that fund this program. Additionally, aggregate reports without any identifying information may be made available publicly.

IDHS follows the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA. IDHS also follows any federal or state law that gives greater privacy protections than HIPAA. For example, IDHS follows the Illinois Mental Health and Developmental Disabilities Confidentiality Act concerning mental health records, 740 ILCS 110; the Illinois Personal Information Protection Act which protects “personal information" that is not otherwise lawfully made available to the general public from federal, State, or local government records, 815 ILCS 530; the federal Confidentiality of Alcohol and Drug Abuse Patient Records Act concerning the disclosure of drug or alcohol information, 42 U.S.C §290dd-2; 42 CFR Part 2; and the federal Family Educational Rights and Privacy Act concerning the privacy of education records, 20 U.S.C. §1232g; 34 CFR Part 99. For additional information, refer to the current Notice of Privacy Practices on the IDHS website.

By signing this consent form, you agree to allow certain information to be collected by IDHS. The person(s) receiving this information has a legal and ethical duty to keep the information confidential and private, and not release it to anyone else without your written permission unless the law allows it.

A. I authorize _____ (Agency Name)
to collect information during the duration of home visiting services.

B. This authorization covers all the medical, social and financial information about me and my family, including background and demographic information; health information; medical and developmental history; prenatal, birth, and postpartum data; infant/child visit data; immunization records; appointments made and services received; goals and care plan; program information; Department of Children and Family Services State Central Registry reports; information required by the federal Maternal, Infant and Early Childhood Home Visiting program. Anyone who receives this information cannot give it to anyone else without my express permission. Any information I do not want released is written in Part C (below).

C. I do NOT want the following information to be shared:

_____

_____

_____

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D. I am making this consent within the limits of my legal authority. I understand that I may revoke this consent orally or in writing at any time, but that revoking this consent will not cancel what was done before I revoked it. I also understand and agree not to hold the Illinois Department of Human Services liable for the release of any information about me in accordance with the terms of this consent form.

E. A copy or facsimile of this consent will be as valid as the original.

Printed Name of parent/guardian participant	Signature of parent/guardian participant	Date

If the above participant is under 18 years old, it is best practice to also obtain the signature of their parent or legal guardian, whenever possible.

Printed Name of participant's parent or legal guardian	Signature of participant's parent or legal guardian	Date

Printed Name of Witness	Signature of Witness:	Date