



## Consent To Release Information for Providers

I, \_\_\_\_\_ have been informed and understand that  
(Provider's First Name) (Provider's Last Name)

FIRST 5 Santa Clara County may share confidential information about me with other persons or agencies that work with FIRST 5 to plan and provide services to my family.

Participating agencies working with FIRST 5 to plan and provide services may include, but are not limited to: medical providers, the Behavioral Health Services Department, the Public Health Department, the Social Services Agency, Pre-school and Head Start Programs, the Regional Center, early education providers and other providers of early childhood services.

Each agency will only release or exchange confidential information or records to other participating agencies when the information may be relevant to the services to be provided or for evaluation purposes as explained below.

A separate authorization form is required for the release of medical information from a health care provider. I understand that I may be requested to sign other forms for the release of medical information.

I understand that FIRST 5 is required to conduct evaluations of the services they provide to my family. This requires collecting and analyzing information and data that may include confidential information about my family. I understand that this information will help improve services to families like mine and that no confidential information will be included in any public report.

**FIRST 5 requires my permission to collect and analyze confidential information for evaluation purposes.** Such information may be shared with FIRST 5 evaluators, partners and providers of early childhood services. Each agency understands that they must maintain the confidentiality of such information and can further disclose such information only as required by law or as authorized by a written consent to release the information. There are minimal risks to my family from sharing this information.

**I give my permission** to FIRST 5 and its evaluators and partners to collect and analyze my family's personal information for program evaluation purposes.

I understand that if I choose not to sign this Acknowledgment and Consent, my family will still receive services and for that purpose my name and address will be entered into the FIRST 5 database and will be available to the administrator of the database.

I also understand that I may cancel this consent at any time by writing to the Chief Program Officer, FIRST 5 Santa Clara County, 4000 Moorpark Avenue, Suite 200, San Jose, CA 95117. Cancellation of my permission will not affect any information that has already been collected. This consent shall remain in effect for 10 years.

I have read this form, or it has been fully explained to me, and I understand the provisions.

Signature:

Date: \_\_\_\_\_ (mm/dd/yyyy)