


*Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary*

 	<p>INTEGRATED SERVICE DELIVERY <i>Candy Shively, Deputy Secretary</i></p> <p>Children and Family Policy <i>Sandra C. Hazlett, Director</i></p> <p>915 S.W. Harrison, Room 551-South, Topeka, KS 66612-1570</p>
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MEMORANDUM

To:	Social Service Chiefs; Foster Care and Adoption Contractor Program Directors; Foster Care & Adoption Area Contract Specialists	Date:	7-18-03
From:	Sandra C. Hazlett, Director Children and Family Policy		
Subject:	Foster Care Database release of information forms		

With the statewide implementation of the new foster care database, all children who are in the custody of the SRS or JJA and are in out of home placement will have their EEIF (Educational Enrollment Information Form) electronically entered into a database that is shared by SRS, JJA, and Kansas State Department of Education. Education staff will also be entering the child's education information into this database, including IEP information for those children who are receiving special services.

In order for the child's information to be entered into this database, there are 2 releases of information forms that the parent or legal guardian for the child will need to sign:

- *The Authorization to Disclose Information, Including Child(ren)'s Individually Identifiable Health Information form will authorize SRS and/or JJA staff and their contractors to release information about the child to the education system. Because some of this information is PHI (Protected Health Information), this authorization is HIPAA compliant.*

- *The Consent for Release of Information, authorizes the Department of Education and any school district to release their information about the child to SRS, JJA, KDHE, and Kansas Medicaid Agency.*

Effective 8-1-03, SRS staff will be asking the parent or legal guardian of the child to sign these forms at the time the child is placed into SRS custody. If they are unable to obtain these signatures at that time, it will then become the responsibility of the contractor to obtain the signatures once the child has been referred to their agency. If the parent or legal guardian refuses to sign the releases, it will be necessary to have the judge who placed the child in custody authorize these releases of information. For those children who are already in SRS custody and assigned to a foster care or adoption contractor as of 8-1-03, it will be the responsibility of that contractor staff to obtain these releases from the parents or legal guardians. Contractor staff are responsible for entering the information into the database.

Statewide implementation of the foster care database will be in two phases:

- 1. All children who are in out of home placement and **have** experienced a move to a different school district since the end of the 2002-03 school year will have their EEIF information entered into the database by the time they are enrolling in school for the 2003-04 school year.*
- 2. All children who are in out of home placement and **have not** experienced a move to a different school district since the end of the 2002-03 school year will have their EEIF information entered into the database by 9-15-03.*

We are attaching copies of the two release of information forms that are to be utilized for the foster care database. A hard copy of this memo and the forms will be sent to you in the next several days.

State of Kansas
State Board of Education
Department of Social and Rehabilitation Services
Juvenile Justice Authority

State Foster Care Services Program
State Adoption Services Program

**AUTHORIZATION TO DISCLOSE INFORMATION, INCLUDING
CHILD(REN)'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION**

(Pursuant to HIPAA Privacy Regulation, 45 C.F.R. § 164.508)

A. AUTHORIZATIONS; INFORMATION COVERED; PERSONS AUTHORIZED TO MAKE AND TO RECEIVE DISCLOSURES; PURPOSES OF DISCLOSURES; MINIMUM NECESSARY INFORMATION; METHOD OF DISCLOSURES.

I, _____, am the (choose correct one:) ___ parent ___ legal guardian of the following minor child(ren) with authority to act on their behalf:

Full Name: _____	Date of Birth: _____
Full Name: _____	Date of Birth: _____
Full Name: _____	Date of Birth: _____
Full Name: _____	Date of Birth: _____
Full Name: _____	Date of Birth: _____

On behalf of the minor child(ren) named above, I hereby authorize the Kansas Department of Social and Rehabilitation Services (“SRS”) and/or the Kansas Juvenile Justice Authority(“JJA”) and their employees, contractors, and agents:

- **to disclose information about my child(ren)** (including individually identifiable health information and protected health information, such as name, gender, date of birth, social security number, hearing and vision test information, out-of-home care provider, current medications, physical or mental conditions relevant to learning processes, and behaviors)
- **to the Kansas State Department of Education; to any Kansas Unified School District that provides educational services to my child(ren); and to their employees, contractors, and authorized agents (the “educational institutions”)**
- **for the limited purpose of providing educational and related services to my child(ren).**

I also authorize the disclosing organizations designated above and their employees, contractors, and agents:

- (1) To make those authorized disclosures in any manner, including, but not limited to, orally, in paper documents, or electronically by e-mail, fax machine, or data entry into the Kansas State Department of Education database;
- (2) To disclose only the minimum information necessary to enable the educational institutions to provide educational and related services to my child(ren); and
- (3) To access, recall, edit, correct, update, and re-enter the information they previously entered or submitted for entry into the Kansas State Department of Education data bank.

B. LIMITATIONS AND CONDITIONS ON MY AUTHORIZATIONS. The disclosures of my child(ren)'s information that I am authorizing are subject to these limitations and conditions:

- (1) No organization or person may make a disclosure if they have any reason to believe that recipient of the information will use any or all of the information for an unauthorized purpose.
- (2) I make no other limitations or conditions on the disclosures I have authorized.

C. RE-DISCLOSURES OF INFORMATION BY AUTHORIZED RECIPIENTS. I understand that my child(ren)'s information will be disclosed to educational institutions that are required by Federal law (Family Educational Rights and Privacy Act, 20 U.S.C. 1232g) to maintain the confidentiality of that information. I also understand that the organizations and persons that I have authorized to disclose my child(ren)'s information have no control over the educational institutions that will receive the disclosed information or over any re-disclosures of my child(ren)'s information that those educational institutions may make. Any re-disclosures of my child(ren)'s information by the educational institutions are subject to my control and to the applicable Federal law.

D. CONSEQUENCES OF NOT SIGNING AUTHORIZATION. I understand that if I do not authorize disclosures of my child(ren)'s information by signing this Authorization, the educational institutions in which my children are enrolled may be hampered in providing educational and related services to my child(ren).

E. EFFECTIVE DATE OF THIS AUTHORIZATION. This Authorization to disclose my child(ren)'s information to educational institutions is effective on the day I sign this Authorization.

F. EXPIRATION OF THIS AUTHORIZATION. This Authorization to disclose my child(ren)'s information to educational institutions expires on whichever date occurs first:

(1) The date on which my child(ren) is (are) no longer, by order of the court, in the custody of either the Secretary of SRS or the Commissioner of JJA.

(2) The date on which I deliver my written revocation of this Authorization to the organization(s) that I authorized in Section A, above, to make disclosures.

G. RIGHT TO REVOKE MY AUTHORIZATION. I specifically reserve the right to revoke this Authorization at any time. I understand that, for my revocation to be effective, I must revoke this Authorization in writing and deliver that written revocation or cause it to be delivered to the correct address for whichever of the following organizations that I authorized to disclose information:

- **Kansas Department of Social and Rehabilitation Services**, ATTN: HIPAA Privacy Officer, 5th Floor, Docking State Office Building, 915 SW Harrison Street, Topeka, KS 66612.
- **Juvenile Justice Authority**, ATTN: HIPAA Privacy Officer, 714 SW Jackson, Suite 300, Topeka, KS 66603.

I understand that SRS and JJA and their employees, contractors, and agents are authorized to continue disclosing information about my child(ren) to educational institutions until my written revocation of this Authorization is delivered to them.

My Name (Please Print): _____

My Signature: _____

Date of My Signature: _____

Authorization Received By: _____ Date: _____



Governor
Kathleen
Sebelius



Denise Everhart,
Commissioner
Juvenile Justice
Authority



Janet Schalansky,
Secretary
Kansas
Department of
Social and
Rehabilitation
Services



Andy Tompkins,
Commissioner
Kansas State
Department of
Education



Consent for Release of Information

This form authorizes the State Department of Education and any school district in which your child is enrolled to share information about your child with each other and with the other agencies listed below that are concerned with, or are involved in, meeting the needs of your child. You are advised that:

- Information will not be shared unless it is necessary to meet the needs of your child.
- Information from the Department of Education or the school may include any or all educational records and information supplied to the Department or to the school by others, such as medical reports from doctors and reports from other agencies including SRS, JJA, KDHE, and KS Medicaid Agency, that are included in your child's educational records.
- The purpose for sharing information is to provide appropriate services for your child, avoid duplicative or unnecessary assessments or immunizations, avoid unnecessary delay in providing services while waiting for records to be transferred, enable your child to be successfully involved in school, and to assist the school district to receive funds from Medicaid to assist in paying for some special education services.
- This consent will remain in effect until it is revoked in writing by you.
- You have the right to revoke this consent at any time.

The State Department of Education and the school district in which your child is enrolled will release information, upon request, to the following agencies and their agents or contract service providers:

Social and Rehabilitation Services Kansas Department of Health and Environment
Juvenile Justice Authority Kansas Medicaid Agency

By signing and dating this Consent for Release of Information form, you give consent to the State Department of Education and the school district to share any or all educational records regarding your child with each other and with the agencies listed above. Your signature also indicates that you understand that any release of information is for the purpose of meeting your child's needs through the cooperative efforts of the agencies.

Printed Name of Child

DOB

Parent or Guardian Signature

Relationship

Printed Name of Parent or Guardian

Date