



FINANCIALLY ASSISTED AGENCIES (FAA) NETWORK CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION IN CLIENT RECORD

AGENCY NAME: _____

This document is intended to provide you with information regarding our disclosure of confidential information contained in your client record.

The Financially Assisted Agencies (FAA) Network is a collaborative group of organizations that provide health and human services funded by Palm Beach County Board of County Commissioners.

The Financially Assisted Agencies (FAA) Network is committed to ensuring that the information maintained in your client records remains confidential, secure, and can be accessed only by individuals authorized to do so.

The Financially Assisted Agencies (FAA) Network uses a data collection and management system. **Your information will be maintained securely and is only shared with your consent, by signing this form.**

The Financially Assisted Agencies (FAA) Network service providers will disclose to authorized staff the required data base demographic and Personal Health Information (PHI) about you. Disclosure is for the purpose of coordinating payment for care and to demonstrate that the quality of care provided is in accordance with accepted standards.

Information entered into the database will be maintained for an indefinite timeframe.

You have the right to request a copy of your file.

You have the right to refuse to answer any or all questions you consider sensitive.

You have the right to cancel this release of information for any future data input; however certain programs may have statutory mandated information requirements.

Client Name: _____

CLIENT NAME: _____

_____ **(AGENCY NAME)** is mandated to collect certain personal information that is entered and saved in a database system. Records are maintained in an encrypted database, on a secure server. Aggregate reports may be used for advocacy, and any client information used will be done so without revealing names or other information that would identify any specific client.

I _____ (Print Name) hereby provide my consent and authorization for _____ (AGENCY NAME) to enter my client-specific service information in the encrypted database. This authorization allows the disclosure and sharing of the information entered into the database with the funder of the Financially Assisted Agency (FAA) Network.

Client Signature

Date

Witness Signature

Date

CLIENT NAME: _____

Acknowledgement of receipt of this form:

This is to acknowledge that I have reviewed this form, and have discussed it with the worker whose signature appears below. **I consent to entering into a client-provider relationship in order to receive needed services.** I have:

_____ Received a copy of this form
(Initial)

_____ Declined a copy of this form
(Initial)

Patient-Client / Representative / Guardian's Signature

Date

Patient- Client Representative / Guardian's Relationship

Agency Representative Signature

Date

Printed Name of Agency Representative

THE ORIGINAL SIGNED COPY OF THIS FORM IS FILED IN THE PATIENT/CLIENT'S RECORD

CLIENT NAME: _____

WITHDRAWAL OF CONSENT

I, _____ hereby WITHDRAW THIS CONSENT, effective

Date of withdrawal

Client/Representative

Signature Date

Client/Representative Signature

Signature/Date

Witness

Client ID

Client Date of Birth