



Welcome Baby Program

Participant Authorization to Share Information

I agree to allow Welcome Baby Service Providers to share information collected about me as it relates to the Welcome Baby services with First 5 Los Angeles (First 5 LA) and First 5 LA representatives, including the evaluation and data maintenance teams. This information will be used by First 5 LA to assess the quality of services delivered, make Program improvements, and determine the overall effectiveness of the Welcome Baby Program.

I understand the information shared about me may include information relating to:

- Demographic information (e.g., address, gender, ethnicity, primary language);
- Services (e.g., referrals made, types and dates of services provided, results of services);
- Developmental information (e.g., screening, assessments and/or services); and
- Medical Records (e.g., health/dental care, child birth information).

I understand that:

- I **will not be identified** in the reporting of Program evaluation results in any way to First 5 LA. Reports prepared for First 5 LA related to Welcome Baby Program services will **NOT** identify me by name or include other protected health information such as my date of birth, medical record number, health insurance information or social security number, except that my address may be used with other participant address data for purposes of creating graphs generally depicting the communities in which Program participants reside. I understand that my information will be aggregated with all other Welcome Baby participant data. I further understand there is a potential for redisclosure of protected health information shared pursuant to this authorization by First 5 LA.
- Providing my personal information is **voluntary** and that it is my right to refuse to answer a question without any consequences to receiving services under the Program. I further understand that I have the right to request restrictions on uses and disclosures of health information and my participation in the Program cannot be conditioned on the signing of this Authorization.
- First 5 LA and Welcome Baby staff are subject to follow guidelines set forth by the Health Insurance Portability and Accountability Act (HIPAA) and California Health and Safety Codes 130200 (AB211) and 1280.15 (SB541) which require the protection and confidential handling of protected health information. All client records are confidential and are protected in a HIPAA compliant, secure database that can only be accessed by authorized Welcome Baby and First 5 LA staff. State and federal laws protect the personal and health information I share, even if the Federal Privacy Rule does not. Taking part in this evaluation involves very little risk to me or my family.



- There are legal exceptions to client confidentiality. If there is a reason to believe there is danger to self and/or to others, confidentiality will be waived and minimally necessary information will be disclosed in order to ensure the safety of all involved.
- This authorization shall remain in effect until 19 years from this date, at which time the data sharing expires and will no longer be used for evaluation of the Welcome Baby Program. I may also revoke this authorization to share my information at any time by submitting a written Request to Remove Confidential Information Form to First 5 LA at: Director of Research and Evaluation, 750 North Alameda Street, Los Angeles, CA 90012, except to the extent information has been released in reliance upon this authorization.
- This authorization does **not** include the sharing of psychotherapy notes, nor does it allow for me to be put on a marketing list or allow for the sale of my protected health information. This information can only be shared if I sign a separate authorization to do so.
- I understand that I have a right to receive a copy of this signed authorization.

First 5 LA, as administrators of the Welcome Baby Program, may only see limited data. First 5 LA contracts with data administrators that may only see your information for the purposes of providing technical support to authorized service providers, quality assurance for the program, or for removing authorization to share your information:

First 5 LA
750 North Alameda Street, Suite 300
Los Angeles, CA 90012

Contracted Organizations of First 5 LA
with the specific purposes of:

- Data System Provider
- Data System Administration
- Data System Quality Assurance
- Technical Support
- Evaluation Team



Specific Authorizations:

The following information will not be shared with First 5 LA unless you specifically authorize it by marking the boxes below (minors must have parent/guardian also sign):

- I specifically authorize the release of information pertaining to mental health diagnosis or treatment or psychological information, excluding psychotherapy notes.

If minor, Parent/Guardian Signature

Date

- I specifically authorize the release of information pertaining to substance abuse. This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records under 42 CFR 2.31.

If minor, Parent/Guardian Signature

Date

Client Name

Client Signature

Date