



### INSTRUCTIONS FOR COMPLETING THE CFS 600-3

- Line 1:** Enter the name of the person giving consent.
- Line 2:** Enter the name and address of the facility or person that is the custodian of the information requested. It may be necessary to prepare a consent form for each provider if there are multiple providers with medical, mental health or substance abuse records that need to be released.
- Line 3:** Enter the name and date of birth of the person whose records or information will be released. Prepare a separate consent form for each person whose records are to be released.
- Line 4:** Enter the name and address of the agency or person to which the information will be released. Do not use specific names to avoid problems in the event of case transfers, job changes, etc. If it will be necessary to share the information beyond DCFS, the private agency or contractor, the Redisdisclosure Consent section at the bottom of the form must be completed. Without consent for redisclosure it may be necessary to prepare additional consent forms to authorize redisclosure.
- Lines 5-10:** Enter the specific type of information to be released. Include relevant years of treatment/services. The law prohibits blanket consents. The consent should cover all documents *relevant* to the purpose for which the information is requested. You do not need to know of the existence of a particular document to request it. There should be a correlation between the type of information requested and the reason(s) for the request entered on line 5. For example, if the purpose for the request is to assess parenting capabilities, the information requested must relate to the individual's ability to function or to parent, which may include therapist's notes, reports or other mental health information.
- Line 11:** Enter the reason for requesting the information. Frequently used reasons include:
- casework planning;
  - provision of social services;
  - evaluation for purposes of service planning/placement/licensing decisions;
  - assessment of parenting capabilities;
  - to assess progress in treatment;
  - to assist in determining whether abuse or neglect occurred;
  - to assess safety risks or identify risk factors that could impair the child's safety;
  - to determine prognosis for change; and
  - to determine appropriate visitation.
- Line 12:** Enter the consequences that will be imposed by the Department if the person refuses to consent. Such consequences may include:
- Worker may attempt to screen case into court;
  - Worker may seek a court order for disclosure;
  - Worker may recommend to the court that the child be removed;
  - Worker may be unable to recommend expanded visitation to the court;
  - Visitation may be denied or delayed;
  - Reunification may be denied or delayed;
  - The Department will be unable to assess for provision of services;
  - The Department may weigh failure to consent in determining whether the parent is compliant with services or has completed tasks satisfactorily;
  - The Department may make adverse decisions concerning foster children in your care; or
  - Any other valid consequence.
- Workers may not suggest or imply adverse consequences to clients beyond those that the Department can actually impose. In addition, no adverse consequence would flow from failure to consent unless the information sought is reasonably needed by the Department in fulfillment of legitimate departmental functions (i.e., investigating abuse or neglect allegations, providing follow-up services, determining appropriate placement or permanency goal, supporting termination of parental rights or licensure).
- Line 13:** After all sections of the form have been completed, have the appropriate person sign and date the form.
- If the records are for an adult, the adult should sign on line 17.
  - If the records are for a minor that is a ward, the DCFS Guardian or a DCFS Authorized Agent must sign and date the form, and enter the address.
  - Children ages 12 through 18 years of age are required to sign and date the consent in addition to their parent or legal guardian when their mental health information and information regarding birth control services, pregnancy, treatment for sexually transmissible diseases or drug or alcohol abuse treatment is requested.
  - If a Department ward is age 18 or over and has not been declared incompetent by a court of law, only the ward may consent to release of his/her personal information.
- Line 14-15:** Enter the signature, date and address of the parent, legal guardian or Authorized Agent giving consent to the person whose information is requested. If the person is signing as a child's parent, he/she should sign Line 15 only, not Line 17. The consent will expire one year from the date signed unless an earlier date is specified (e.g.: 60-90 days for abuse/neglect investigations; 5 to 7 months for intact family services).
- Line 16:** An adult consenting to the release of his/her own records shall sign on Line 16.. When using this form to request information for an adult's records, no information for a child should be requested on the same form. The consent will expire one year from the date signed unless an earlier date is specified.
- Line 17:** A witness who is familiar with the person giving consent must sign and date the consent form when mental health information is requested. The witness should be someone other than the worker.

**Redisdisclosure Consent:** This section must be completed when the information will be shared with persons outside of the Department or private agency or contractor named on line 4. For information referenced in line 15 of the instructions, the same procedures must be followed for redisclosure. The redisclosure consent will expire one year from the date signed unless an earlier date is specified.