



AUTHORIZATION FOR FAMILY SUPPORT HOME VISITING SERVICES

First 5 Alameda County enrolls pregnant women and families with newborns and young children up to age 5 into Alameda County home visiting programs. Services may include:

- Information about prenatal, postpartum, and newborn care, family planning, women’s health and safety issues
- Feeding and nutritional support for newborns and young children
- Coordination of care among doctors and other health care providers
- Child Development screening, support and services
- Referrals to other community resources

All services are voluntary.

1. Please place a checkmark in the box and initial/date for each program in which you consent to be enrolled.

<input type="checkbox"/> Alameda County Public Health Nursing provides case management and assessment services to women, infants and children.	Initials: _____	Date: _____
<input type="checkbox"/> Black Infant Health/ Improving Pregnancy Outcomes (IPOP) provides case management, group intervention, care coordination, health education and fatherhood services for the African American community.	Initials: _____	Date: _____
<input type="checkbox"/> Brighter Beginnings provides long term case management and support services for pregnant and parenting teens living in Northern Alameda County.	Initials: _____	Date: _____
<input type="checkbox"/> City of Berkeley Public Health Nursing provides case management and assessment for families and individuals.	Initials: _____	Date: _____
<input type="checkbox"/> Early Head Start provides weekly home-based case management services for City of Oakland residents with children ages birth to age 3. Services are provided by City of Oakland and Brighter Beginnings.	Initials: _____	Date: _____
<input type="checkbox"/> Fussy Babies Program of Children’s Hospital Oakland provides family support services in person or by phone to parents with a baby who is fussy, crying excessively, or has difficulties with sleeping or feeding.	Initials: _____	Date: _____
<input type="checkbox"/> MADRE of Alameda County Public Health provides case management, care coordination, assistance with linkages and access to health care to women/families who have experienced fetal/infant loss, history of low birth weight or premature delivery.	Initials: _____	Date: _____
<input type="checkbox"/> Special Start Postpartum includes brief support services for postpartum mothers with infants born under 1500 grams and in the Neonatal Intensive Care Unit. Services are provided by Alameda County Public Health Department Special Start.	Initials: _____	Date: _____

<input type="checkbox"/> Special Start includes long term case management and support services for families with infants who discharged from a Neonatal Intensive Care Unit. Services are provided by Alameda County Public Health Department or Children’s Hospital Oakland Special Start Services.	Initials: _____	Date: _____
<input type="checkbox"/> Tiburcio Vasquez Family Support Services provides long term case management and support for pregnant and parenting teens and young adults living in Southern Alameda County.	Initials: _____	Date: _____
<input type="checkbox"/> Your Family Counts (YFC) , a multidisciplinary team of providers from Alameda County Public Health Department and First 5 Alameda County, offers home-based family support services.	Initials: _____	Date: _____

2. As necessary to provide services, I authorize health information about my and my child’s medical history, development, physical condition, and treatment received by First 5 Alameda County to be shared with all the health care providers listed below who serve my family in partnership with First 5 Alameda County. This does NOT include mental health, substance use or HIV information. I have checked any agency with which I do NOT wish to share information.

- | | |
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| <input type="checkbox"/> A Better Way | <input type="checkbox"/> Family Support Services of the Bay Area |
| <input type="checkbox"/> Alameda County Behavioral Health | <input type="checkbox"/> La Familia Counseling Service |
| <input type="checkbox"/> Alameda County Public Health Department | <input type="checkbox"/> Lifelong Medical Care-Howard Daniel Clinic |
| <input type="checkbox"/> Alameda County Social Services Agency | <input type="checkbox"/> Prescott-Joseph Center for Community Enhancement |
| <input type="checkbox"/> Brighter Beginnings | <input type="checkbox"/> Tiburcio Vasquez Health Center |
| <input type="checkbox"/> Children’s Hospital & Research Center at Oakland | <input type="checkbox"/> My Health Plan: _____ |
| <input type="checkbox"/> City of Berkeley Public Health Department | <input type="checkbox"/> My Obstetric Provider: _____ |
| <input type="checkbox"/> Family Resource Network | <input type="checkbox"/> My Pediatric Provider: _____ |
| <input type="checkbox"/> Other: _____ | |

On behalf of myself: _____
 Parent/Guardian First Name Print Last Name Date of Birth

and my child(ren): _____
 First Name (child 1) Child Last Name (child 1) Date of Birth

 First Name (child 2) Last Name (child 2) Date of Birth

 First Name (child 3) Last Name (child 3) Date of Birth

3. I UNDERSTAND THAT:

- I have been referred to and enrolled into the programs checked and initialed above.
- I can end these services at anytime by notifying my service provider.
- I received a copy of this form and understand that I may request a copy at any time by writing to: First 5 Alameda County, 1115 Atlantic Avenue, Alameda, CA 94501.
- I may cancel any part of this authorization at any time by writing to: First 5 Alameda County 1115 Atlantic Avenue, Alameda, CA 94501. The cancellation will take place when First 5 Alameda County receives the request. First 5 Alameda County is unable to take back any disclosures already made with my authorization, and are required by law to retain records of the care provided to me.
- Information shared under this authorization can be shared by the agency/provider who receives it. First 5 Alameda County cannot control what the agency/provider does with this information. In some cases, California law prohibits the agency/provider receiving my health information from making further disclosures of it unless another authorization for that disclosure is obtained from me or unless that disclosure is specifically required or permitted by law. However, it is the agency’s/provider’s responsibility to determine what its legal and other obligations are with this information and for them to comply with those obligations.
- Photocopies and faxes of this signed authorization shall be treated as originals.
- All information shared is held in strictest confidence. Exceptions to confidentiality protections allowed or mandated by state and federal law include information on:
 - ◆ Whether there is a danger to myself or another person
 - ◆ Actual or suspected abuse or neglect of children/minors or elderly/dependent adults
 - ◆ Appropriate discussion of case specifics with other professionals for consultation or supervision

Signature: _____ Date: _____

Witness: _____ Title/Relationship: _____

4. NOTICE OF PRIVACY PRACTICES RECEIPT

I acknowledge that I have received the Notice of Privacy Practices of First 5 Alameda County.

Signature: _____ Date: _____

**This Authorization expires five years from date of signature.
For more information, please phone 510.227.6900.**

The Amendment to Children & Families Act protects any individually identifiable information collected by First 5 California Commissions from disclosure to unauthorized entities unless consent was obtained from the client, parent or legal guardian.