

CONSENT TO SHARE INFORMATION

On behalf of myself:			
	Print First Name	Print Last Name	Date of Birth
and my child(ren):			
, , <u> </u>	Print First Name	Print Last Name	Date of Birth
Print First Name (child 2)	Print Last Name (child 2)	Print First Name (child 3)	Print Last Name (child 3)

I understand that:

- This authorization is voluntary. If I choose not to sign it, I will still receive family support services through Every Child Counts First 5 Alameda County (Every Child Counts).
- The information about me, or my family, that may be shared by partnering agencies includes: name, birth date, physical and behavioral health, childcare, school and social service information. Other information may be needed by partner and community agencies to determine program and financial eligibility. This information will be used to:
 - 1. Complete the Every Child Counts enrollment form
 - 2. Assist enrollment into other programs for which I or my child(ren) may be eligible
 - 3. Share information with participating agencies to:
 - a. Help provide myself and my children with quality services
 - b. Avoid duplication of services
 - c. Help keep my child healthy and ready for school
 - 4. Evaluate the benefits of Every Child Counts services **without** identifying myself or my family (such as name and address)
- Only certain program staff will be able to see my or my family's personal information. People who can see my personal information cannot share it with anyone else, unless program staff believe I may be in danger of being hurt or be a danger to someone else.
- This information will be maintained in ECChange, the Every Child Counts Information System.
- It is very important to Every Child Counts that my private information is safe. The strictest data protection standards and most up-to-date technology will be used to safeguard and protect my information.
- Program staff will use my information to provide better services to myself and/or my child(ren).
- Every Child Counts will use my information **without** names or other identifying information to develop reports and learn what activities and programs are most useful for children and families.

The information collected by Every Child Counts service providers may be shared with the agencies listed below that provide family support services in partnership with Every Child Counts and Every Child Counts program staff. (You may check off any agency with which you DO NOT wish to share information.)

Alameda County Public Health Department	Alameda Family Services
Alameda County Social Services Agency	The Perinatal Council
Children's Hospital Special Start Services	Tiburcio Vasquez Health Center
City of Berkeley Public Health Department	My Health Plan
La Familia Counseling Service	My Obstetric Provider
Family Support Services of the Bay Area	My Pediatric Provider

I understand that I will still receive services if I do not sign the consent. I have received a copy of this form and understand that I may end my consent at any time or request an additional copy of this form by writing to: Every Child Counts First 5 Alameda, 1100 San Leandro Blvd, Suite 120, San Leandro CA 94577. For more information, please phone, 510.875.2400.

Signature:	Date:
Witness/Person Enrolling:	Title/Relationship: