

**CHILD AND FAMILY CONNECTIONS  
CONSENT TO USE PERSONALLY IDENTIFIABLE INFORMATION (PII) & BILL PUBLIC BENEFITS**

Child's Last Name, First Name & Middle Initial: \_\_\_\_\_

Child's Date of Birth (Month/Date/Year): \_\_\_\_\_

CBO/EI Number: \_\_\_\_\_

**PII Collection/Usage**

I hereby grant permission for my Child and Family Connections (CFC) to collect Personally Identifying Information (PII) related to my child and family. I understand this information will be stored electronically and in a hard copy case record. Early Intervention (EI) utilizes a data system called Cornerstone that collects records on a wide range of health care services to individuals. Those services include Women, Infants and Children (WIC); Immunizations; Case Management; Prenatal and Postpartum Care; Pediatric Primary Care; Early Intervention; Breast and Cervical Cancer; Diabetes Control; and Healthy Families Illinois. Cornerstone is maintained by the Department of Human Services (DHS) and the Illinois Department of Public Health (DPH). Using Cornerstone, DHS and DPH may learn your child is participating in EI but cannot access detailed information regarding these services. Necessary aggregate information, without any client's name, may be sent to federal agencies that fund these programs. The Cornerstone user with access to the system has a legal and ethical duty to keep the information confidential and private and not release it to anyone without your consent or unless required by law.

The detailed information collected will be used only for purposes permitted by the Individuals with Disabilities Education Act (IDEA) Part C EI Services Act which includes referrals, eligibility determinations, EI services provision and claiming. My Service Coordinator, service providers and DHS and its designees, may see and discuss the information with each other for the purposes listed above. I understand if I transfer to a new CFC office within Illinois, my information will be transferred to the new CFC office without further consent.

**Public Benefits Assurances and Billing/Usage**

If I am currently enrolled in AllKids and/or later become enrolled in AllKids while in EI, I hereby grant permission for my CFC to collect and share the above collected PII for the purposes of billing, care coordination and analysis with the Department of Healthcare & Family Services (HFS), the State agency responsible for the administration for AllKids. If I am not currently enrolled but later become enrolled in AllKids, I grant permission for my CFC to do the aforementioned actions with PII as well as submit claims for reimbursement to HFS.

I understand the following assurances:

- EI services, as specified in my child's IFSP, and to which I have consented, cannot be denied due to my refusal to disclose my child's PII to HFS, the state agency responsible for the administration of AllKids. If I would like to withdraw my consent, I will notify my Service Coordinator.
- If I am not currently enrolled in Allkids but later become enrolled and do not consent to allow EI to bill AllKids for reimbursement for services rendered, EI must still make available those services on the IFSP to which I have provided consent.
- The use of AllKids for EI services will not (1) decrease available lifetime coverage or any other insured benefit for myself or my child under AllKids; (2) result in me paying for services that would otherwise be covered by AllKids; (3) result in any increase in premiums or discontinuation of AllKids for myself or my child; and (4) risk loss of eligibility for myself or my child for home and community based waivers based on aggregate health related expenditures.
- If I have private insurance, AllKids requires the use of my private insurance as the

primary insurance. I will be given the document entitled Notice to Consent to Use Private Insurance/Healthcare Benefits & Assignment of Rights to sign.

In addition, this disclosure allows the release of information from DHS to HFS about a child, including name, AllKids recipient identification number, date of birth, and information about a child's referral to and eligibility for EI, including services received and other referrals made by EI. HFS may also share information with my child's assigned primary care provider/doctor (PCP), whom I identified on my IFSP as a team member, and treating doctors within the group, for care coordination. Care coordination allows my child's PCP to be notified of my child's EI assessment, eligibility for services and services received. HFS may also use the information for analysis purposes and to measure the quality of the care coordination process between the PCP and EI. Information and reports resulting from data analysis will not be released with any personally identifying information about my child.

**Consent**

I am making this consent within the legal limits of my authority. I understand that I may withdraw my consent, in writing at any time, except to the extent that it has already been acted upon. I understand my refusal to grant permission or withdrawing my permission will not affect the services outlined in the IFSP that I consented to receive. To revoke my consent, I will contact my EI Service Coordinator.

I understand that my child's records are required to be maintained for a period of six years and will be destroyed at my request or at the end of that period unless legal action is pending.

<input type="checkbox"/>	I give my consent to collect, store and utilize personally identifying information only with the parties identified above and for the purposes outlined above.
<input type="checkbox"/>	I do not give my consent to collect, store and utilize personally identifying information only with the parties identified above and for the purposes outlined above.

<b>ONLY COMPLETE THIS SECTION IF NOT CURRENTLY ENROLLED IN ALLKIDS:</b>	
<input type="checkbox"/>	If I am not currently enrolled in AllKids but later become enrolled in AllKids while in EI, I consent to the use of my AllKids benefits as outlined above.
<input type="checkbox"/>	If I am not currently enrolled in AllKids but later become enrolled in AllKids while in EI, I do not consent to the use of my AllKids benefits as outlined above.

Parent/Guardian Printed Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed.