



Client Consent

Development Guide

USING THIS GUIDE

It is each IRIS Organization's responsibility to develop and implement client consent practices appropriate to their work and relevant regulatory authorities. The below example is offered to help organizations consider informed consent procedures. While the example reflects best practices for client consent, it is not intended to be prescriptive, nor does it comprehensively address each organization's unique consent needs and responsibilities.

AUTHORIZATION FOR RELEASE OF INFORMATION AND CONSENT FOR REFERRAL **[AGENCY NAME] [PROGRAM NAME, IF APPLICABLE]**

Our agency is one of a group of service providers working together to provide support for people in our community. Based on information you have shared, we believe that one or more programs in our community can provide you and/or your family with resources, supports, or services that will be helpful to you. With your permission, we can share your information with the program or programs that you choose. The program will contact you to discuss the services they can provide. This process is called a "referral."

Explain how community partners work together and establish the role of referrals in ensuring clients' needs are addressed. Note that client choice drives referrals.

By signing this form, you agree that we can use an online system called IRIS to refer you to the programs and resources you choose.

If you agree, your name and date of birth will be shared with service providers in the online system. Your date of birth will be used for identification purposes only. Other details will be shared only with staff at the program(s) we refer you to and the local IRIS Data Manager(s). They will only use your family's personal information to coordinate services by sending a referral or contacting you to offer services. This personal information may include:

Emphasize that client information is secure in IRIS and that service providers will handle sensitive information appropriately.

- Details about you and/or family that will help the program(s) understand your needs (Example: household information, services requested, other programs you are referred to, etc.)
- Information that will help the program(s) know how to best contact you (Example: phone number, email address, home address, language spoken, etc.).
- Information about assessments you receive (Example: answers to questions about housing needs, tobacco use, prenatal care, etc.).

Customize this template to reflect the client information that your community and organization will share with referrals. Include specifics about the assessments, screening tools, or other documents that will be uploaded.

Our agency and the program we refer you to will also provide updates about the referral, including whether you receive services.

Do you agree to allow us to share your and/or your family's information with partners who provide services in our community?

- Yes**, my / my family's information can be shared with other partners who provide services in our community and who will also secure my information.
- No**, my / my family's information cannot be shared. (If you select this option, we will discuss a different way to make this referral.)

Acknowledge that the program receiving the referral will also share client information in IRIS. Consider whether clients should be informed of specific information organizations in your community will share with referral responses.

Clients should actively opt in or out of an IRIS referral; however, IRIS consent should never be a prerequisite for receiving a referral to services. Train staff on procedures for referring clients who do not consent to IRIS.

Signature

Date

Printed Name

Signature of Program Staff/Witness

Date

Organizations that serve minors or those bound by specific privacy laws and/or confidentiality regulations should consider the below elements along with other necessary clauses.

Consent for minor

Consider consent needs when minors are the subject of a referral.

Printed Name of Minor

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Consent expiration

This consent is valid from the date of signature until/if I decide to take back my permission.

Withdrawing consent

I am free to take back my permission at any time. I must provide this organization with a written and signed statement that includes the date I withdraw my permission. I do not need to give a reason.

Referral results consent

Program(s) I am referred to have permission to share the results of my referral with this agency without obtaining additional consent.

Entities bound by regulations that require a consent expiration date should include an expiration clause.

Entities bound by regulations that require clients to have an option to revoke consent should include a consent revocation clause and establish procedures for addressing revocation