

Authorization to Share Information Using ServicePoint®

In order to provide faster and more definitive linkages to needed services, Lake County utilizes a computer system called "ServicePoint®." ServicePoint® is an information system that helps us improve service delivery and evaluate the effectiveness of services provided. The ServicePoint® system will be shared among Lake County agencies that have signed an agreement with Lake County and are participating in ServicePoint® (the "Participating Agencies").

TO WHOM INFORMATION WILL BE DISCLOSED TO AND RECEIVED FROM VIA SERVICEPOINT®:

- Employees and staff of this Participating Agency
- Participating Agencies in ServicePoint®. A listing of the Participating Agencies is available to you upon request. A more frequently updated listing can be found at www.lakecountyl.gov/1957/ServicePoint, which is subject to change. You may also obtain the most current listing by requesting a copy from this Participating Agency
- The ServicePoint® System Administrators at Lake County have access to information for the purpose of maintaining the database

SPECIFIC INFORMATION THAT WILL SHARED VIA SERVICEPOINT®:

By signing this document, you understand that the following information (the "Protected Health Information") may be used and disclosed by and among the Participating Agencies:

- Name
- Social Security number
- Demographics
- Contact information
- Emergency contact information
- Case manager contact information
- Employment and education information
- Residential and homeless history
- Income, employment and benefit information
- Health insurance and provider
- Information on service referrals
- ServicePoint agency engagement including intake and exit dates
- Basic identifying information on other household members

Your information may be shared by and among Participating Agencies to facilitate the services we provide you and to better serve you and your needs.

- You can revoke this authorization at any time by writing to the Participating Agency which provided you a service.
- You understand that your revocation is not effective to the extent Lake County and/or a Participating Agency has relied on this authorization to store, use or disclose your Protected Health Information.
- If you revoke this consent, no further Protected Health Information will be entered in or used and/or disclosed with Participating Agencies through ServicePoint®.
- We will not condition any services, treatment or any payment(s) on whether you sign this authorization.
- You agree to discuss any questions and/or concerns with the Participating Agency and that you will be provided a signed copy of this authorization.
- You understand that information disclosed pursuant to this authorization may be redisclosed and may no longer be protected by applicable state or federal law.

I have read and understand the above material and I hereby consent that Lake County and the Participating Agencies use, disclose, enter, transmit, and share the Protected Health Information for me or my child(ren)/ward(s)/dependent(s) identified below using ServicePoint® and, if I am between the ages of 13-17, to share Protected Health Information with my parent or guardian.

Client/Parent/Guardian (Signature) Date

Print Name

Address

City State Zip Code

Child/Dependent/Ward

Employee Signature Date

Print Name

Title/Agency

**This Authorization expires on _____,
20__.**

Child/Dependent age 13-17 (Signature)