

YORK COUNTY
FAMILY GROUP DECISION MAKING (YCFGDM)
Referral Consent Form

This form indicates that you consent to participate in a York County Family Group Decision Making Conference (YCFGDM). The York County Human Services Department believes in your ability, as a family, to come up with a good plan to provide for the safety and care of those members within your family. Together with your family, we and the other service providers will be with you at the beginning of the conference to share your family's strengths as well as concerns as they relate to the purpose. Following this time of sharing, all of the participants will have the opportunity to enjoy a meal together. Next, all service providers will leave your family alone to discuss, in private, what you have heard and make a plan for your family. Upon completion of your plan, you will review it with all the conference attendees, to include the service providers; if the plan meets the purpose, the referring agency will support you in implementing and maintaining your plan.

You will be contacted by an YCFGDM Coordinator to secure your list of people you want to participate in the conference. In order for the conference to take place, you must give the agency and the coordinator consent to contact the members you choose from your extended family, community members, and provider agencies. This consent will allow us to share information with these individuals regarding the concerns that have brought us together and the purpose for the conference. Each person with whom we speak to will be asked to respect your privacy and confidentiality. In addition, this consent allows the coordinator to check on whether or not the identified individual/family is involved in any categorical agency in York County. This may include and may not be limited to such agencies as Probation, Children & Youth, and Domestic Relations.

TO PROCEED WITH THE CONFERENCE, PLEASE READ AND SIGN THE RELEASE OF INFORMATION STATEMENT BELOW:

I have read and understand all of the above information. I give my consent to _____
_____ to refer my family to the YCFGDM Coordinator for the purpose of participation in the conference. Further, I give my consent to the YCFGDM Coordinator to share information regarding the situation that made the conference necessary. I give this consent only for the purpose of organizing the Family Group Conference and communications required to support the plan.

Signature _____
(Individual / Parent / Primary Caretaker)

Date _____

Signature _____
(Individual / Parent / Primary Caretaker)

Date _____

Signature _____
(Youth / Individual / Family Member)

Date _____

Signature _____
(Referring Worker)

Date _____

This release is valid for one (1) year from the date above and may be revoked at any time, except to the extent that action has already been taken based on this authorization. To revoke this authorization, please notify, in writing, the York County Human Services Department. I understand that I need not consent to the release of this information. However, I choose to do so voluntarily. I understand that treatment, payment, enrollment, or eligibility is not subject to signing this release, except as required to initiate County services. If health information is needed to initiate County services and I do not sign this release, I understand that I may not receive services. I understand that there may be a risk that the person/organization receiving my information could possibly disclose it without my authorization and the confidentiality of the information might not be protected. I have read this form carefully and I understand what it means.

Notice to the recipient of these records: This information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations limit your ability to make any further disclosure of this information without the prior written authorization of the person to whom it pertains.