



eCornerstone Informed Consent Guidelines

The eCornerstone Informed Consent Form is to be completed and signed for every client who is new to an eCornerstone agency. This includes clients who are new to the agency either through transfer or referral. One general Informed Consent Form will be required per agency for a participant regardless of program participation.

Guidelines for Presenting the eCornerstone Informed Consent Form:

- The individual signing the form must first understand the contents of the form.
- The agency worker presenting the Consent form must determine if assistance is needed, and provide it. Examples of assistance include reading the form to the participant if they cannot read or if they have a visual or other impairment, and translating the form if the participant does not understand English and does not have an interpreter with them.
- After the form is presented and read, the individual must be asked if they understand the form, what information will be shared, with whom it will be shared, and how it will be used.
- The individual signing the form must also be asked if they have any questions or need further explanations before signing the form.
- A photocopy or faxed copy of the consent form is as valid as the original. The original can be duplicated so that persons named in the form can have copies without having the participant re-sign the form.
- Laws require the information to be kept confidential and not re-disclosed without permission.
- The consent may be withdrawn (revoked in writing) at any time. However, if someone in the program has already shared information while the consent was still in effect, the revocation can not undo that.

Point-by-Point Review of the eCornerstone Informed Consent Form

- Complete the identifying information (i.e., demographics, etc.) at the top of the form.
- Explain how the program works and the benefits of sharing information.
- Enter the agency name in Paragraph A.



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- Sign, witness and date the form. One signature of either the participant or the parent/guardian is required. Signatures for participants who are minors may be obtained in accordance with local agency policies and procedures. If the participant cannot sign his or her name, they must be asked to make an X on the signature line. The agency worker or other witness must then write in "This is the signature mark of (name of participant), as witnessed by (signature of witness)."
- A general Informed Consent Form will be signed by a participant, legally authorized parent or guardian. Service providers will confirm the recipient's age, and based on that, will determine whether the recipient may consent to share his or her data.
- Consent gives the agency permission to share the following information about the participant to other service providers. The information that is shared with consent includes: program enrollment information and assessment results.
- Consent does not authorize the release of answers to assessment questions, progress notes and case worker assignments. Therefore, eCornerstone prevents this information from being shared with any other service provider beyond the agency of participant intake.
- Because the majority of program participants are not of an age to sign a Consent Form, the system will capture data (without consent) until a parent or guardian agrees to sign a form consenting to the broader type of data sharing that is done in Cornerstone. This will be a common occurrence for the youth services programs.
- Participants previously enrolled in Cornerstone have consented to share data with providers of other programs supported by Cornerstone. Service history data from WIC and Family Case Management will be available to you as an eCornerstone service provider.

If the Consent Form is Not Signed:

- Information that identifies the participant with a specific program will not be shared with any other service provider beyond the agency of participant intake.
- Participants may still participate in the program but will not receive the full benefits of case management, coordination and other benefits.
- The participant will be required to complete forms and answer questions for each different service provider and agency.
- The participant will limit the ability of case managers to track their case to ensure that the participant is receiving proper services.
- It may take longer to receive services.



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General Guidelines for Who May Give Consent

Please be advised that the information that follows is a general description of who may sign a consent form. Each agency is encouraged to consult their legal counsel regarding who is authorized to consent in specific situations.

- If the participant is 18 years or older and has not been determined disabled and in need of a guardian, the participant may give consent.
- If the person is a minor, the following may give consent:
 - Either parent (even if a minor)
 - A court appointed legal guardian (a copy of Letters of Office is required)
 - DCFS
 - An adult who has health care power of attorney granted by parent/legal guardian
- A pregnant minor may give consent on her own behalf to medical procedures.
- A minor 12 years of age or older may give consent on his/her own behalf to medical care or counseling related to the diagnosis or the treatment of any sexually transmissible disease, addiction, or alcoholism.
- For a minor between 12 and 18 years of age, both the minor and the parent/legal guardian must consent to the disclosure of mental health records.
- A married minor may give consent on his/her own behalf.
- A minor 16 years of age or older who has been judicially emancipated may give consent on his/her own behalf.

eCornerstone Informed Consent Form

05/04

Participant Name: _____ Male ____ Female ____
(Last) (First) (MI)

Date of Birth: _____ Participant's ID Number: _____
(Month) (Day) (Year)

It is important that you read the following. If there is anything that you do not understand, or if you have any questions, be sure to ASK.

Welcome to eCornerstone, a system that collects and uses data on a wide range of state programs for individuals. These programs include WIC (Women, Infants and Children); Immunizations; Case Management; Prenatal and Postpartum Care; Pediatric Primary Care; Early Intervention; Breast and Cervical Cancer; Diabetes Control; Healthy Families Illinois; and Youth Programs including Comprehensive Community-Based Youth Services, Crossroads, and Teen REACH.

We are seeking your permission to share information about the participant for enrollment and case-management purposes. This information includes the participant's participation in any of the programs listed above. Based on the information, we may determine that the participant could benefit from other state-funded programs. We will also use the information in order to provide and pay for services for which the participant is enrolling, and to refer the participant for other necessary services.

We protect personal information we collect about the participant by maintaining physical, electronic and procedural safeguards. Program participation information will be shared only with authorized staff with a direct need to know about the participant. Information may also be released as necessary for participation authorization, and for program audit and evaluation purposes. Necessary information, without any participant's name, will also be sent to federal and/or State agencies that fund the program.

By signing this Consent form, you agree to allow the information as described in this Consent to be used by this agency/clinic as described in the Consent. The person(s) receiving this information has(ve) a legal and ethical duty to keep the information confidential and private and not release it to anyone else except as described in this Consent, without your written permission, unless the law allows it.

- A. I hereby authorize _____ (eCornerstone site) to compare data already entered in the computer system regarding any other of the above programs that the participant may have participated in, with data about the participant collected during this enrollment/registration process, and to release data as necessary to provide the service requested and the referrals necessary.
- B. This consent covers all the medical, social and financial information about the participant, including participant background and demographic information; health visit information; medical and developmental history; prenatal birth, and postpartum data; infant/child visit data; immunization records; participant risks and protective factors; problems or factors that prevent the participant from receiving proper medical care; appointments made and services received; goals and care plan; WIC food packages; program information; information required by the federal Maternal and Child Health Block Grant Program; Youth Programs; and Early Intervention Program, but only as relevant to the service being provided and as necessary to accomplish the above purposes.
- C. This consent does not cover information about the diagnosis of or treatment for mental health, AIDS, HIV, sexually transmissible diseases, alcoholism, and drug abuse which will not be released to other programs pursuant to this consent.
- D. I am making this consent within the limits of my legal authority. I understand that I may revoke this consent in writing at any time, but that revoking this consent will not cancel what was done before I revoked it. I also understand and agree not to hold this agency or the Illinois Departments of Human Services or Public Health liable for the release of any information about me in accordance with the terms of this consent form or as allowed by law.
- E. A photostatic copy/facsimile of this consent will be as valid as the original.

OR

Signature of parent / legal guardian / caretaker; Date

Signature of adult participant ; Date

Signature of youth (OPTIONAL); Date

Signature of Witness _____ Date _____