

**Authorization and Consent for Disclosure,  
Receipt, and Use of Confidential Information  
by the Juvenile Welfare Board of Pinellas County**

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I, \_\_\_\_\_ (print participant name(s))  
acknowledge that I am a participant of \_\_\_\_\_ (name of  
program or service). I acknowledge that the Juvenile Welfare Board of Pinellas County (“JWB”) provides funds to  
make the program or service in which I am participating available. I also acknowledge that in order to make sure that  
all services delivered to participants are of the highest possible quality, JWB may need to review information about  
me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be  
contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the  
Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about  
me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed  
herein, JWB may review all information about me, including my participant file and all other information pertaining  
to me held by the agency providing the program or service, regardless of whether that information is entered into a  
JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and  
information as the payor for these services, and that JWB provides no direct services to me, including, but not  
limited to, coordination of services, recommendation of services, or medical diagnoses. I further acknowledge that  
JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and  
Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, make  
payment for services rendered to me by funded programs or services, quality control of funded services or programs,  
evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of  
funded programs and services, and determination of future services/programs funded by JWB. I understand that the  
confidential information disclosed, received or used by JWB related to my Authorization will not be further  
disclosed to any other party without my express written consent or as otherwise permitted or required by applicable  
law unless it is presented in a report that presents information on a group of individuals in de-identified format,  
which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally  
identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/  
psychological/ substance abuse information from my medical health record, any information concerning the  
performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal  
and local laws, including, but not limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida  
Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I  
consent to my minor participating in online or paper surveys that will be used for program improvements and  
enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the  
purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on this Authorization will  
not be further disclosed to any other party without my express written consent or as otherwise permitted or required  
by applicable law. However, the individually identifiable confidential information received by JWB based on this  
Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported  
as a whole in de-identified format, which means that no information that identifies me as an individual is revealed.  
Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, upon completion of the last research project. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date