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Introduction	AFLP is voluntary and requires the client's informed consent to participate in the program and federal evaluation activities (if applicable).
Informed Consent	<p>Each agency must have a completed consent form signed by the client, in the client's record, stating the agreement to voluntarily participate in AFLP.</p> <p>Client consent to participate in AFLP is governed by statutes relative to minor consent for treatment and/or participation in programs for expectant and/or parenting youth. Pursuant to California Family Code Sections 6920 through 6929 minors are able to consent for services related to the prevention or treatment of pregnancy. Providers of such treatment may not be permitted to inform the parent or legal guardian without minor's consent (Cal. Family Code Section 6925; Cal. Health & Safety Code Sections 123110(a), 123115(a); Cal. Civ. 56.10, 56.11).</p> <p>A separate consent form for participation in AFLP PYD evaluation activities is required, when applicable. Maternal, Child, and Adolescent Health (MCAH) and/or the federal evaluator will provide the evaluation consent form template to participating sites.</p>
Written Consent	<p>Each agency will have a signed and dated consent form in the client record.</p> <p>Agencies are not required to have separate program consent forms for AFLP, but may use its agency's written consent form instead. All AFLP program elements listed below must be included:</p> <ul style="list-style-type: none">• Client's name• Signature of the client and/or parent or guardian• Date consent form was signed• A statement of the services that will be provided• A statement of the agency's responsibilities to the client (e.g., maintain client confidentiality, frequency of client contact, mandatory reporting)• Agency's expectation of client's responsibility for participation in the program• Explanation of agency's grievance process and procedures• Explanation of client's right to withdraw from the program• A statement indicating that all information on the consent form was communicated in the client's primary language, when

- possible
- Client Bill of Rights
- The required statement (below) about the authorization to link vital statistics birth data with AFLP data for program evaluation purposes:¹

AFLP is Confidential

“I authorize the Adolescent Family Life Program (AFLP) staff to release and exchange information about myself and my child(ren) for the purposes of case conferencing and providing appropriate services within AFLP and referrals to services outside AFLP. In addition, I authorize the California Department of Public Health to link my child(ren)’s birth certificate information with AFLP data for program evaluation purposes. I understand that the AFLP program will keep my and my child(ren)’s personal and health information confidential at all times. By signing below, I agree that I have read and understand the authorization for release and exchange of information as a client of the Adolescent Family Life Program.”

**MCAH
Standardized
Written
Consent**

MCAH has developed a standardized consent form. While local agencies are not required to use the MCAH standardized consent form, using the MCAH standardized consent offers the following:

- The first page outlines program services and client’s rights and responsibilities (a version tailored to AFLP PYD is available).
- The second page has the required statement that outlines the release and exchange of information policy for AFLP, including the linking of AFLP data with birth certificate information for program evaluation purposes.
- It is available in English and Spanish.

**Administration
of Written
Consent**

As part of the initial client visit or next scheduled visit for existing youth, Case Managers shall provide a copy of the consent form for youth to read, complete and sign. It may be useful to review the information with the client verbally.

Case managers shall also provide clients a copy of the form for their records.

¹ A child’s parent, including a minor parent, has the ability to obtain birth record data and authorize access to such data. MCAH has obtained a waiver from the California Committee for the Protection of Human Subjects for linking client’s AFLP data with their children’s birth certificate information to evaluate AFLP. MCAH will not release any personal information about AFLP clients to complete this linkage.

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Client Consent, Confidentiality and Records

Consent forms are to be stored for 3 years from the date of client program completion or the end of the MCAH-AFLP contract term, whichever is later. Consent forms must be available to MCAH upon request.

Confidentiality Each agency will maintain confidentiality for clients and client records except as required by law and in accordance with state law and local agency policies for mandated reporting.

Client Record Elements Each agency will maintain a record for each client documenting all contacts and services provided to the client. A client record shall include, but is not limited to, the following:

- Consents
- Release of information
- Assessments
- Quarterly Individual Service Plans (ISP) (for BAU and AFLP Only)
- Care Plans/My Goal Sheet(s) (for PYD only)
- State MIS Data Forms (LodeStar)
- Progress notes/chart notes

Content of Progress Notes The documentation in the client's progress notes must include, but is not limited to:

- Date, time, place of contact, name of contacted person and affiliation
- The name and title of the person making the contact
- Details, including the ongoing assessment, intervention, referrals, follow-up and outcomes
- Client responses to interventions

Documentation must occur no later than one week after client contact.

Release of Information Prior to release of client information, each agency will have a release of information form in the client record that meets the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regulations (HIPAA) standards. The release of information form must include:

- Client's name
- Date
- Client's signature

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Client Consent, Confidentiality and Records

- Name of all agencies to which client information may be released
- Time frame for which release of information is valid
- Purpose for release

Acronyms must be defined on the form where they appear.

Release of information form must be completely filled out before securing client's signature.

Health Insurance Portability and Accountability Act

While participation in AFLP does not authorize access to Personal Health Information (PHI), some agencies will have access to such information by virtue of the County/City/Community Based Organization (CBO) structure or with the permission of individual clients. Agencies are advised that any PHI stored at their agency must adhere to Health Insurance Portability and Accountability Act (HIPAA) of 1996 regulations.

Storage and Disposition of Client Records

At minimum, each agency shall maintain a system for storage and retrieval of all client records as follows:

- Keep client records, including all copies, in a secure location that is inaccessible to unauthorized persons.
- The original record may not be removed from the program site during the time the client is case managed.
- Client records should be kept for a minimum of three years from the date of final payment under the agreement. If the agreement is completely or partially terminated, records shall be made available for a period of three years from the date of any resulting final settlement. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the three year period, the records shall be retained until completion of the action and resolution of all issues which arise or until the end of the regular three year period, whichever is later. Once an agency has met the record retention criteria, records must be destroyed so that no identifying information can be retrieved.

The agency may require more stringent standards than outlined above to ensure client confidentiality, including when HIPAA standards are applicable.