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## Consent for Exchange of Information

On this day \_\_\_\_\_ I, \_\_\_\_\_ (Parent / Legal Guardian Name) hereby allow The Family Conservancy (TFC) to release and obtain information about my child and my family with professionals affiliated with the Jackson County Children's Community Service Fund (JCCCSF). This may include a student social emotional assessment, Devereux Early Childhood Assessment (DECA). This assessment is completed by each preschool classroom teacher and is used to support the teacher and TFC staff in meeting the needs of the classroom, as a classroom outcome measure for the JCCCSF, and for funding oversight.

I understand that the DECA assessment and the information from this consent form will be entered into an electronic database, which includes my child's name and date of birth. This electronic database is secure, safe and password protected. The paper copies of the DECA are stored in a locked cabinet at TFC and shredded at the end of each grant year. Exchange of information will be used for the purpose of supporting my child's success in the classroom and to further enhance their social emotional learning. Overall change in the total scores of this assessment from the program, as well as total count by demographic categories (age, gender, race) and residential zip code in Jackson County of children served, will be shared with the JCCCSF Board for the purposes of citing outcome measures and results of the Social-Emotional Learning partnership.

Social-emotional screening information may be shared for research purposes. My child's name will not be identified if information is shared. This information can be communicated through various forms such as phone, fax, email, U.S. Mail or in person.

The Family Conservancy's Notice of Privacy Practices provides information about how we may use or disclose nonpublic personal information which may include protected health information. The Family Conservancy has policies and procedures in place to protect all consumer information. If you would like a copy of our Notice of Privacy Practices, you can obtain one from our website at [www.thefamilyconservancy.org](http://www.thefamilyconservancy.org) or ask any employee of The Family Conservancy for a copy.

I understand that information used or disclosed pursuant to the authorization may be subject to re-obtaining or re-releasing by the recipient. This consent is valid for one year.

I understand that I may revoke this authorization at any time by submitting a written request.

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Parent/ Legal Guardian's Signature: X \_\_\_\_\_

Date \_\_\_\_\_