

# Consent for Release of Information for Children and Adolescent Needs and Strengths (CANS)

**Notice to clients:** By signing this form, you are giving permission for this agency and the agencies and individuals below to use and share confidential information about you. The agency may share information about you to the extent allowed by law.

By consenting to receiving Wraparound with Intensive Services (WiSe) you consent to having information collected by the Child and Adolescent Needs and Strengths (CANS) tool<sup>1</sup> shared with the Washington State Behavioral Health Analysis Solution (BHAS). Information stored in BHAS is available to the Health Care Authority BHAS administrator, current Managed Care Organization (MCO), and the current WiSe provider agency.

When you transfer to a new WiSe agency or MCO, the new agency and current MCO will retain access to all previous CANS assessments. Previous providers and MCO's will no longer have access to your CANS records in BHAS but may retain copies of that information in your electronic health record (EHR). This will allow the current provider and MCO to have a history of your reported needs and strengths to help with care planning.

If you have questions about how the agency shares client confidential information or your privacy rights, please consult the Notice of Privacy Practices or ask the person who gave you this form.

**1**

## Client information

Client first name

Client last name

Date of birth

**2**

## Signatures

Parent/guardian authorization is needed if client is less than 13 years old.

This consent is valid until 7 years from the discharge summary completed at the end of WiSe.

Client signature

Date

Parent/guardian signature

Date

Agency contact/witness signature

Date

### Agency information

Agency name

Address

Email or website

Phone

<sup>1</sup> CANS data is used for clinical decision making and creating reports:

- CANS data is used to inform recommendations for the treatment of individuals in service.
- CANS data will also be used to inform systemic program improvement. Data will not be shared in a way that individuals can be identified. Data that is de-identified will be used to determine differences in outcomes based on clinical and demographic factors.