

State of Illinois  
Department of Children and Family Services

**ALLY-IL PARTICIPANT, ACKNOWLEDGEMENT OF CONFIDENTIALITY**

As a participant of the Illinois Department of Children and Family Services (DCFS) Ally team, I may come in contact with the confidential and protected information concerning families and children served by DCFS. I understand that access to, and disclosure of, this information is governed by state and federal statutes including, but not limited to, the Health Insurance Portability and Accountability Act [45 CFR 164], Abused and Neglected Child Reporting Act [325 ILCS 5/7.19 & 11], Adoption Act [750 ILCS 50/18], AIDS Confidentiality Act [410 ILCS 305/9], Consent by Minors to Health Care Services Act [410 ILCS 210/4], Identity Protection Act [5 ILCS 179], Juvenile Court Act [705 ILCS 405/1-7 & 8] Medical Patients Rights Act [410 ILCS 50/3], Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110/3], Substance Abuse Disorder Act, 20 ILCS [301/30-5(bb)], and by DCFS confidentiality provisions in 89 Illinois Administrative Code, Part 431, and corresponding DCFS Procedures 431.

I understand that I must comply with all applicable confidentiality statutes and DCFS Administrative Directives and will treat all information covered under these statutes and Directives as privileged information

As a condition of my participation on an Ally team, I acknowledge that:

1. I may have access to information concerning families and children served by DCFS.
2. I understand that confidential information regarding children and families served by DCFS may be disclosed to me during my involvement and participation in Ally.
3. I agree that I shall not disclose to anyone, directly or indirectly, any confidential information maintained by DCFS to any person, except as authorized by law.
4. I have been advised and understand that, under Illinois law, it is a crime (Class A misdemeanor) to permit, assist or encourage the unauthorized release of information contained in records concerning reports of child abuse or neglect and all records generated as a result of such reports, to disclose information protected by the Adoption Act and Substance Use Disorder Act, to intentionally or recklessly violate the AIDS Confidentiality Act, and to knowingly and willfully violate the Mental Health and Developmental Disabilities Confidentiality Act.
5. I understand that any unauthorized disclosure of confidential information by me shall result in termination of my participation on the Ally team and may subject me to civil penalties and criminal prosecution.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Ally Participant

I, \_\_\_\_\_, certify that I have discussed the Confidentiality Acknowledgement, the general content of the DCFS confidentiality provisions in 89 Illinois Administrative Code, Part 431, Confidentiality of Personal Information of Persons Served by the Department and the corresponding DCFS Procedures 431 with the person named above and have explained the principles of confidentiality of personal information of persons served by DCFS. In addition, I have provided the person named above with a copy of these DCFS Rules and Procedures.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of DCFS Representative