

Shasta County Health and Human Services Agency
AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH
INFORMATION
Form Instructions

IMPORTANT: Do not alter this form.
To protect client confidentiality, do not electronically save this form.

The Health and Human Services Agency, *Authorization to Use or Disclose Protected Health Information* form allows clients to grant permission for us to share information about the client with other individuals or entities.

The form contains drop-down menus to select from, as well as boxes you can check. Should your selection not be listed on the drop-down menu, you may type in your selection. When completing this form, be sure to provide all requested information. Failure to provide all requested information may invalidate the request.

This form may be completed electronically, printed, then appropriately initialed and signed by the client.

CLIENT INFORMATION:

This section names the individual whose health information we are being authorized to release, as well as the information to be disclosed. Each item being requested for disclosure needs to be initialed by the client or their authorized representative after the form is printed. Be aware information contained in a Mental Health or Alcohol and Drug chart originating from another individual or entity **cannot** be re-disclosed. The client must specifically authorize the release of any mental health, alcohol and drug, and/or HIV information by initialing the appropriate area on the form.

PURPOSE/LIMITATION OF REQUESTED USE OR DISCLOSURE:

Make a selection. If the reason for the disclosure is not one of the four listed or the client or guardian wishes to limit the disclosure, check the "other" box and specify the reason or limitation by typing it in the space provided.

BIDIRECTIONAL EXCHANGE OF PROTECTED HEALTH INFORMATION:

This form allows the bidirectional exchange of protected health information by selecting "See Attachment A incorporated herein by reference" on **both** "The following person or entity is authorized to make the disclosure" and the "This information may be disclosed to" selection boxes. See instructions below.

THE FOLLOWING PERSON OR ENTITY IS AUTHORIZED TO MAKE THE DISCLOSURE:

This section names the agency that is releasing the information. To authorize more than one entity to disclose information, choose "See Attachment A incorporated herein by reference."

THIS INFORMATION MAY BE DISCLOSED TO:

This section names the individual or entity authorized to receive the information to be released. Attachment A should be completed if the information is to be released to more than one individual or entity. Choose "See Attachment A incorporated herein by reference," if you are using Attachment A. When making a selection from the drop-down menu, read the selection carefully and ensure you are choosing the correct individual or entity and the correct address. If the individual or entity is not listed, type the information in the space provided.

RIGHTS, EXPIRATION AND NOTICE OF POTENTIAL RE-DISCLOSURE:

Right to Revoke: Make a selection or type in the information.

Expiration: The form will expire one (1) year from the date of signature unless an alternate, meaningful date of expiration is entered. This date may be greater than one year from the date of signing.

Client or Legal Representative's Initials: The individual authorizing the release of information must initial at the bottom of page 1.

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE:

The date field is auto-populated with the current date. A different date may be entered or this field can be left blank. Once the date and legal representative information is entered, the form is ready to be printed, initialed, and signed by the individual authorized to request the information. If the client is age 12 or over, they must sign the authorization for outpatient mental health or other minor consent services, unless a clinician has indicated that the client does not have the capacity to sign. The Parent or Guardian may also sign on the additional line for the Parent or Guardian. If a judge has given a social worker signing authority for a ward or dependent of the court, the court orders override the minor consent. The social worker must sign the authorization. Since the Parent or Guardian must authorize mental health medications, medication requests are never minor consent. The Parent or Guardian, or whomever has signing authority, must authorize the release of medication requests.

THIS SPACE FOR USE BY SHASTA COUNTY STAFF ONLY

Staff Member Initiating Request: This is the County staff member initiating the authorization form.

Staff Member Completing Request: This is the County staff member assisting the individual or entity in completing this form by faxing, filing, mailing, or transmitting the information as requested.

FAX/FILE/MAIL/TRANSMIT:

Fax: staff should complete the request by faxing the documents to the appropriate party.

File: no action is required other than to file the form in the client's chart.

Mail: staff should complete the request by mailing the documents to the appropriate party.

Transmit: staff should complete the request by transmitting the documents to the appropriate party by other means, usually provided by the other party (i.e. secure file transfer protocol).

Typically, your medical records staff will perform these duties.

ATTACHMENT A

Complete Attachment A to authorize disclosure from or to disclose information to more than one individual or entity. Up to 13 different individuals or entities may be entered per Attachment A. If more than 13 are needed, complete an additional Attachment A and change the page number in the lower right hand corner. The client information entered on Attachment A must match the client information entered on the authorization form. When making a selection(s) from the drop-down menu, read the selection carefully to ensure you are choosing the correct individual or entity with the correct address. If the individual or entity is not listed, type the information in the spaces provided.

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE: (Attachment A)

The date field is auto-populated with the current date. A different date may be entered. Once Attachment A is completed the form is ready to be printed, initialed, and signed by the individual authorized to request the information. Attachment A must be attached to the initial authorization form.