AUTHORIZATION FOR DISCLOSURE OF CONSUMER MEDICAL\HEALTH INFORMATION

PURPOSE: To provide HIPAA disclosure release when requesting Protected Health Care Information (PHI).

NUMBER OF COPIES AND DISPOSITION: One copy is sent to each agency from which protected health care information is requested.

RETENTION: Permanent

REFERENCE:
IM Memorandum: IM-136 HIPAA COMPLIANT DISCLOSURE OF HEALTH INFORMATION FORM DATED 10/17/03

INSTRUCTIONS FOR COMPLETION: This form should be used to request PHI and as an attachment to the IM-60A. Enclose a self-addressed envelope with the form.

NAME OF CONSUMER, PARENT, GUARDIAN/LEGAL REPRESENTATIVE: Enter the name of the person authorizing the release of PHI.

CHECK ALL THAT APPLY: Check the agency/medical service provider from whom the PHI information is requested. If other is checked, enter the name and address of the facility.

NAME: Enter the name (first, middle and last) of the individual for whom the PHI information is requested.

DCN: Enter the individual's DCN.

DATE OF BIRTH: Enter the numeric date of birth, month, day, and 4-digit year of the individual's birth.

SOCIAL SECURITY NUMBER: Enter the social security number for the individual.

WHO RECEIVED SERVICES FROM (DATES): Enter the dates of service received by the PHI provider for the individual.

TO (CHECK ALL THAT APPLY): Check Department of Social Services (DSS)

THE PURPOSE OF THIS DISCLOSURE IS (CHECK ALL THAT APPLY): Mark all applicable reasons related to the applicant's current application. If an IM-60A is completed the Eligibility Specialist should make sure the physician, clinic, or hospital is

aware of procedures for appointments, invoices, payment, and return of the completed form.

THE SPECIFIC INFORMATION TO BE DISCLOSED IS (CHECK ALL THAT APPLY): Mark all types of information requested from the PHI provider.

ALCOHOL AND DRUG ABUSE INFORMATION: If the request for PHI involves alcohol or drug abuse, request the client sign the form here. NOTE: Some providers consider intentional overdose as drug abuse.

THIS AUTHORIZATION BECOMES EFFECTIVE ON: Enter the date the authorization becomes effective and the date the authorization automatically expires. The expiration date should be no more than 12 months from the effective date.

SIGNATURE OF CONSUMER: The applicant signs and dates the release. If the signature is made by mark, the mark is identified as such and then enclosed in parentheses with the applicant's name typed or handwritten as shown. *SIGNATURE OF CONSUMER: Robert T. (X) (his mark) Cummins.*

WITNESS: If needed, a witness signs and dates the release.

SIGNATURE OF PARENT/LEGAL GUARDIAN/REPRESENTATIVE: The parent/legal guardian/ representative signs and dates the form.

NOTICE OF REVOCATION: If the consumer wishes to revoke this form. Enter the date of the Revocation request and the consumer name.

SIGNATURE OF CONSUMER: The consumer enters the date, prints their name, then signs and dates the form. If the signature is made by mark, the mark is identified as such and then enclosed in parentheses with the applicant's name typed or handwritten as shown. *SIGNATURE OF CONSUMER: Robert T. (X) (his mark) Cummins.*

WITNESS: If needed, a witness signs and dates the release.

SIGNATURE OF PARENT/LEGAL GUARDIAN/REPRESENTATIVE: The parent/legal guardian/ representative signs and dates the form.