



AUTHORIZATION TO RELEASE AND SHARE PROTECTED HEALTH INFORMATION (PHI)

I hereby consent to and authorize Rocky Mountain Human Services and its employees to obtain from and share individually identifiable protected health information with the providers or organizations listed below, for the purpose(s) as described below.

Client Name: _____

Date of Birth: _____ Last 4 Digits SSN: _____

THE INFORMATION IS REQUESTED FROM:

Name: _____

Address: _____

City/State/Zip: _____

THE INFORMATION IS TO BE PROVIDED TO:

Name: _____

Address: _____

City/State/Zip: _____

DESCRIPTION OF INFORMATION TO BE RELEASED: Check all that apply

Indicate Specific Date or Date Range for Release	DATES:	Indicate Specific Date Range for Date for Release	DATES:
<input type="checkbox"/> Identifying Data (Name, address, phone numbers, insurance carrier, social security number, Medicaid number, diagnoses, service providers, agency contacts)	<input type="checkbox"/>	<input type="checkbox"/> Only Information Related to: (Specify)	<input type="checkbox"/>
<input type="checkbox"/> Service/Treatment Plans/IEP's/IFSP's	<input type="checkbox"/>	<input type="checkbox"/> Alcohol/Drug/Substance Abuse Treatment Records	<input type="checkbox"/>
<input type="checkbox"/> Assessments/Evaluations	<input type="checkbox"/>	<input type="checkbox"/> Mental Health Records/Psychological Progress Notes *	<input type="checkbox"/>
<input type="checkbox"/> Applications/Eligibility Determinations	<input type="checkbox"/>	<input type="checkbox"/> HIV/AIDS Treatment Records	<input type="checkbox"/>
<input type="checkbox"/> HRC Recommendation Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Excludes Psychotherapy Notes



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THE PURPOSE OF THIS DISCLOSURE IS: Check all that apply

<input type="checkbox"/>	At Request of Client/Personal Use	<input type="checkbox"/>	Risk Assessments
<input type="checkbox"/>	Service Coordination/Care Coordination	<input type="checkbox"/>	Transition of Care/Planning
<input type="checkbox"/>	Eligibility Determination	<input type="checkbox"/>	Financial Services
<input type="checkbox"/>	Other: (Specify)		

I understand that information disclosed by this authorization except for Alcohol and Drug Abuse information as defined in 42 CFR Part 2 may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy rule (45 CFR Part 164) and the Privacy Act of 1974 (5 USC 552a). I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). I understand that this authorization is voluntary.

I also understand that I may revoke this authorization at any time. I further understand that any release of information prior to the rescinded date is legal and binding. I also understand that I may decline to sign this authorization and that my services will not be affected if I do not sign, except that for purposes of determining eligibility for services, eligibility may be denied if authorization is not given. I further understand that I may request a copy of this signed authorization and that I may see and copy the information described on this form if I ask for it. I understand that I may request a list of entities to which my information has been disclosed.

I understand that unless I specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose, or for up to one year from date of signature. This authorization will expire on ____/____/____ (MM/DD/YY).

(Signature of Client/Guardian)		(Date)
(Printed Name)	(Relationship to Client)	
(Witness, If Required)		(Date)
<i>A photocopy of this release will be as valid as the original</i>		

NOTE: This Authorization was revoked on ____/____/____ (MM/DD/YY). RMHS Staff Signature: _____ RMHS Revision Date 7/1/18