

## INSTRUCTIONS FOR COMPLETING AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

- NOTE that if an authorization is needed for disclosure of a patient's medical information for purposes of fundraising or marketing, a separate form is required, contact Development and Communications at (608) 443-5544.
- Item #2a Medical Records or Dental records to obtain: Description must be specific enough so that the patient can understand what information he or she is permitting to be disclosed. Thus, if "Other" section is used, description must be reasonably detailed (select one section per authorization). Select one box below for the records needed.
- Item #2b Substance Use Disorder (SUD) Records: Select all boxes that apply.
- Item #2c Format for record delivery: Select one box (paper, DVD or Other) for the format of records to be released. If this is left blank, records will be provided in paper format.
- Item #2d Medical Images to be disclosed from: Indicate the location where Medical images are from.
- Item #2e Specific Medical X-rays or Dental X-rays to be disclosed: Indicate if X-rays are needed or specific images relating to particular studies or dates.
- Item #3 Release Information FROM: Indicate the name of the organization to which records are to be released from (Select one per authorization) or write in the facility name and full address, phone and fax number.
- Item #4 Release Information TO: Indicate the specific person(s) or class(es) of persons outside the entity who will be permitted to receive the information with full mailing address, phone and fax number.
- Item #5 Purpose or need for disclosure - may be released electronically: Indicate any and all purposes for disclosure.
- Item #6 Expiration date: Enter specific expiration date if applicable.
- Signatures: In general, a patient age 18 or older is the only person with legal authority to sign this form. For patients younger than 18, generally the patient's parent or legal guardian must sign on behalf of the patient. There are many exceptions, however, to these general rules. For example:
  - If the patient has a guardian, the form may be signed by the patient's guardian or temporary guardian. If there is no guardian, and if two physicians have determined that the patient is incompetent, the form may be signed by the healthcare agent named in the patient's power of attorney.
  - If the patient is authorizing the use of HIV test results, he or she is permitted to sign this form regardless of age. If the patient is under the age of 14, a parent or guardian may sign on his or her behalf. If the patient is age 14 or older, a parent or guardian may not sign on his or her behalf.
  - If the patient is authorizing the use or disclosure of medical records involving treatment for mental illness, developmental disabilities, alcoholism or drug dependence, the patient is permitted to sign this form if he or she is age 12 or older. If the patient is between the ages of 12 and 18, a parent or guardian may sign on his or her behalf. If the patient is under the age of 12, a parent or guardian must sign.
  - For deceased patients, this form may be signed by the patient's surviving spouse or personal representative. If there is no surviving spouse or personal representative, immediate family members may sign. For this purpose, immediate family members are limited to adult children, parents, grandparents, and adult brothers and adult sisters of the deceased patient and their spouses.
  - All individuals signing for disclosure of medical information on behalf of a patient must state their relationship to the patient and may be required to provide proof of legal authority to permit the use or disclosure of the medical information.
- For information about signatures in other situations or answers to questions about these issues, please contact your supervisor or Director of Risk Management and Safety

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Index to Auth-PHI

**1. Cov Ntaub Ntawv Qhia Txog Tus Neeg Mob**

Lub Npe – Lub Xeem, Lub Npe, LUB NPE NRAB (Lub npe hluas nkauj los sis lub qub npe)			
Txoj Kev Chaw Nyob	Nroog	Xeev	Zip Code
Nab Npawb Cim Cov Ntaub Ntawv Kho Mob (yog tsis paub los tsis ua cas)		Hnub Yug	Nab Npawb Xov Tooj

<b>2a. Cov Ntaub Ntawv Kho Mob uas yuav tau (Xaiv ib qho) – rau Cov Duab/Cov Duab Txav Ntsig Txog Kev Kuaj Mob, saib hauv qab no nyob rau ntawm 2d thiab 2e</b>	<b>2b. Cov Ntaub Ntawv Teev Txog Kev Tsis Meej Pem Vim Los Ntawm Kev Siv Tshuaj Yeeb Dej Caw (Substance Use Disorder, SUD) – tsuas tso cai rau nthuav tawm tau yog hais tias tau xaiv raws li hauv qab no (Thov xaiv txhua qhov uas siv tau)</b>
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<input type="checkbox"/> Daim Ntawv Suav Sau Ntsiab Lus ntawm Daim Ntawv Teev Txog Kev Kho Ib Tus Neeg Mob (xam nrog rau cov kev pab tawm tswv yim, cov lus ceeb toom rau cov neeg mob sab nraud, cov tsab ntawv sau txog qhov teeb meem ntawm kev txheeb xyuas kab mob, cov ntaub ntawv suav sau ntsiab lus los ntawm chaw kho mob, kev xoo hluav taws xob x-ray (tsuas siv cov tsab ntawv sau txog qhov teeb meem nkaus xwb), EKG thiab cov tsab ntawv sau txog qhov teeb meem ntawm chaw sim tswv yim tshiab nyob rau ob xyoos tsis ntev tag los no) <input type="checkbox"/> Cov Ntaub Ntawv Teev Txog kev Kho Hniav <input type="checkbox"/> Cov ntaub ntawv uas cuam tshuam txog (cov hnub tim los sis cov yam ntxwv mob): _____ <input type="checkbox"/> Lwm yam (piav qhia ib qho zuj zus): _____ <input type="checkbox"/> Cov ntaub ntawv teev txog kev kho mob tag nrho txij li hnub tim _____ / _____ / _____ txog rau hnub tim _____ / _____ / _____	<input type="checkbox"/> Cov kev ntsuam xyuas txog Kev Tsis Meej Pem Vim Los Ntawm Kev Siv Tshuaj Yeeb Dej Caw (Substance Use Disorder, SUD) <input type="checkbox"/> Cov lus cim hais txog kev kho mob thiab cov kev tso phiaj xwm fab kev kho mob <input type="checkbox"/> Qhov kawg tau los ntawm kev kuaj mob rau fab kev sim tswv yim tshiab <input type="checkbox"/> Daim Ntawv Suav Sau Ntsiab Lus Txog Kev Tawm Tsev Kho Mob xam nrnog rau cov ntaub ntawv hais txog Kev Tsis Meej Pem Vim Los Ntawm Kev Siv Tshuaj Yeeb Dej Caw (Substance Use Disorder, SUD) <input type="checkbox"/> Tag nrho cov ntaub ntawv hais txog Kev Tsis Meej Pem Vim Los Ntawm Kev Siv Tshuaj Yeeb Dej Caw (Substance Use Disorder, SUD) txij li hnub tim _____ / _____ / _____ to hnub tim _____ / _____ / _____ <input type="checkbox"/> Lwm yam: _____
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**2c. Hom qauv ntaub ntawv siv rau kev ua cov ntaub ntawv teev txog kev kho mob (Xaiv ib qho):** Nplooj ntawv hom DVD (yuav tsum siv PDF los saib thiaj tau) Lwm cov qauv ntaub ntawv (sau qhia meej): \_\_\_\_\_

**Thov nco ntsoov hais tias:** Yog hais tias koj tsis tau xaiv ib hom qauv ntaub ntawv twg, cov ntaub ntawv teev txog kev kho mob yuav raug teev ua hom qauv ntaub ntawv ua ntawv.

**2d. COV DUAB NTSIG TXOG KEV KHO MOB uas yuav raug nthuav tawm txij li (Xaiv ib qho):** ACHC

**2e. COV DUAB NTSIG TXOG KEV KHO MOB tshwj xeeb uas yuav raug nthuav tawm:**

- Cov Kev Xoo Hluav Taws Xob       Cov Kev Xoo Hluav Taws Xob X-ray Rau Fab Kev Kho Hniav       Cov kev xoo hluav taws xob x-ray uas cuam tshuam txog: \_\_\_\_\_

**3. Cov Ntaub Ntawv Kev Nthuav Tawm LOS NTAWM: (Xaiv ib qho)**

- Tag nrho Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers) los sis thov sau qhia meej rau hauv qab no:  
 Lwm Lub Koom Haum Muab Kev Saib Xyuas Kho Mob Fab Kev Noj Qab Haus Huv (Sau kom tiav rau hauv qab no)

**4. \*\*Yuav tsum qhia qho chaw xa ntawv kom txhij txhua\*\***

Lub npe – (piv txwv, Lub Chaw Saib Xyuas Kev Noj Qab Haus Huv, Kws Kho Mob...)			
Chaw nyob			
Nroog	Xeev	Zip Code	
Nab Npawb Xov Tooj		Nab Npawb Fev	

Lub Npe – (piv txwv Lub Tuam Txhab Muag Is Saws Las, Kws Lij Choj, Kws Kho Mob, Neeg Mob)			
Chaw nyob			
Nroog	Xeev	Zip Code	
Nab Npawb Xov Tooj		Nab Npawb Fev	

**5. Lub hom phiaj los sis qhov kev xav tau txog rau kev nthuav tawm - tej zaum yuav raug nthuav tawm nyob rau hauv tshuab cuab yeej hluav taws xob. (Xaiv tag nrho txhua hom uas siv tau)**

- Kev saib xyuas kho mob ntau ntxiv       Kev them nyiaj ntawm cov lus thov yuav cai rau fab is saws las       Kev soj ntsuam raug cai       Cov neeg ua hauj lwm qhov nqi zog  
 Daim ntawv thov tso npe rau is saws las       Lub tsev kawm txhim kho koom rov zoo li qub       Tus neeg mob siv       Kev tshawb fawb  
 Kev txiav txim rau fab kev xiam oob qhab       Lwm yam: \_\_\_\_\_

**6. TAG SIJ HAWM HNUB TIM:** Daim foos kev tso cai no yuav siv tau mus txog ntua rau thaum qhov (cov) kev nthuam tawm li hais los saum toj nod raug ua tiav tag tshwj tsis yog hais tias koj sau qhia meej tias daim foos kev tso cai no yuav siv tau nyob rau ib ncuav sij hawm txuas ntxiv. (NCO NTSOOV HAIS TIAS yog hais tias koj sau qhia meej tias siv tau rau ib ncuav sij hawm txuas ntxiv, daim foos kev tso cai no yuav siv tau rau koj cov ntaub ntawv kho mob uas raug tsim tawm nyob rau lub ncuav sij hawm txuas ntxiv uas siv tau ntawd.) Lwm lub tag sij hawm tshwj xeeb: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*THOV SAIB NYOB RAU NPLOOJ TXUAS NTXIV TXHAWM RAU KOM PAUB TXOG COV LUS QHIA NTAU NTXIV\*\***

**Raws li cov xwm txheej tau teev tseg saum toj nod thiab nyob rau nplooj ntawv txuas ntxiv ntawm daim foos no, kuv tso cai rau kev siv thiab/los sis kev nthuav tawm txog kuv cov ntaub ntawv kho mob tau. Kuv nkag siab zoo hais tias tej zaum yuav muaj kev xam tus nqi rau cov ntawv luam.** Daim foos tso cai no xam nrog rau kev nthuav tawm ntawm cov ntaub ntawv hais txog kev tsis meej pem los ntawm kev siv tshuaj yeeb dej caw, kev muab lus sab laj txog rau fab kev mob puas hlwb thiab kev mob puas siab puas ntsws, kev xiam oob khab rau fab kev loj hlob, kev kuaj xyuas roj ntsha caj ces, kab mob AIDS los sis lwm yam mob uas cuam tshuam txog rau kab mob AIDS, kev sib kis kab mob los ntawm kev sib deev, thiab / los sis qhov kawg uas paub los ntawm kev kuaj xyuas kab mob HIV, tshwj tsis yog kuv txwv qhov kev nthuav tawm uas yog muab cais tawm cais rau hauv qab no: \_\_\_\_\_

**Tus Neeg Mob/Tus Neeg Sawv Cev Kos Npe Rau:** \_\_\_\_\_ **Hnub tim:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Yog tias kos npe los ntawm lwm tus neeg mob uas tsis yog tus neeg mob, thov sau lub npe thiab sau qhia meej tseeb txog kev sib txheeb zeb thiab txoj cai los kos npe li ntawd. (Saib nplooj txuas ntxiv txhawm rau ua kev paub ntau ntxiv)

**Sau Lub Npe:** \_\_\_\_\_ **Kev Sib Txheeb Ze:** \_\_\_\_\_

- Tus neeg mob yog: Txoj Cai Raug Cai:       Me nyuam yaus       Tsib muaj peem xwm/Ua rau tsis muaj peev xwm       Tus Txij Nkawm/Tus Txij Nkawm Hauv Tsev Neeg uas Tau Tag Lub Neej Txoj Sia Lawm  
 Tus Neeg Saib Xyuas Raug Cai       Niam Txiv ntawm Tus Me Nyuam Yaus       Tus Neeg Txheeb Ze Txuas Ntxiv  
 Tus Neeg Sawv Cev Rau Kev Saib Xyuas Kho Mob Rau Fab Kev Noj Qab Haus Huv       Lwm yam: \_\_\_\_\_  
 Tus Neeg Sawv Cev Rau Ntiag Tug

**COV NTAUB NTAUV NTXIV HAIS TXOG DAIM FOOS TSO CAI RAU KEV NTHUAV  
TAWM TXOG COV NTAUB NTAUV KEV NOJ QAB HAUS HUV  
UAS TAU TXAIS KEV TIV THAIV**

Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers) saib xyuas txog cov kws kho mob uas hwm txog tus neeg mob txoj cai thiab cov ntaub ntauv kho mob uas tau txais kev tiv thaiv zais tsis pub kom lwm tus paub txog raws li tau qhia tseg hauv tsoom fww thiab lub xeev txoj kev cai lij choj. Thov nyeem cov txheeb txheem qhia hauv qab no ua ntej yuav kos npe rau daim foos tso cai no.

**Kev Nthuav Tawm Txog Cov Ntaub Ntauv:** Tej zaum cov ntaub ntauv uas raug nthuav tawm kuj yuav muab tau los ntawm cov ntaub ntauv kho mob ntawm Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers). Nws kuj yuav muab tau los ntawm ntau cov foos nplooj ntauv los sis cov foos es lev taus niv (electronic) (raws li muaj). Nws kuj yuav muaj xam nrog rau cov ntsiab lus uas tau los ntawm sab nrauv uas tau muab tso rau hauv cov kev teeb txheeb thiab cov ntaub ntauv. Cov ntauv luam uas raug nthuav tawm los ntawm Kev Tswj Xyuas Cov Ntaub Ntauv Qhia Txog Fab Kev Noj Qab Haus Huv (Health Information Management) tsuas yog muaj xam nrog rau cov ntaub ntauv kho mob nkaus xwb.

**Kev Xa Cov Ntaub Ntauv Tso Cai mus rau Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers):** Tuaj yeem xa Cov Ntaub Ntauv Tso Cai mus rau Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers) mus rau Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers), Tshwj xeeb: Kev Nthuav Tawm txog Cov Ntaub Ntauv/UW Lub Chaw Saib Xyuas Kev Noj Qab Haus Huv, 8501 Excelsior Drive, Madison, WI 53717 los sis raug xa rov qab mus rau Access ib lub chaw kuaj mob.

**Tsoom Fwv Cov Cai Kev Ntiag Tug Rau Fab HIPAA** Tsoom fwv cov cai no yuav qhia meej tseeb tias thaum twg koj cov ntaub ntauv kho mob uas tau txais kev tiv thaiv yuav raug siv los sis nthuav tawm yam tsis tas yuav tos kev tso cai los ntawm koj tus kheeb li cas. Thov saib peb Tsub Ntauv Ceeb Toom txog Kev Tiv Thaiv Kev Ntiag Tug txhawm rau kom paub txog cov lus qhia ntau ntxiv. Koj tuaj yeem nrhiav ib daim ntauv luam ntawm Tsub Ntauv Ceeb Toom txog Kev Tiv Thaiv Kev Ntiag Tug nyob rau hauv lub vev xaij ntawm <https://accesscommunityhealthcenters.org/>.

**Tsoom Fwv Tshooj Cai Hais Txog Kev Ntiag Tug Rau Khoos Kas Kev Kho Mob Rau Fab Kev Tsis Meej Pem Los Ntawm Kev Siv Tshuaj Yeeb Dej Caw (42 CFR Tshooj 2):** Tsoom fwv cov cai hais txog cov lus zais tsis pub leej twg paub (42 CFR Tshooj 2) uas siv rau kev kho mob rau fab kev tsis meej pem los ntawm kev siv tshuaj, yeeb dej caw thiab/los sis cov ntaub ntauv xa kho mob uas tau txais kev tswj xyuas los ntawm Tshooj 2 qhov khoos kas txwv tsis pub muaj lwm yam kev nthuav tawm dab tsi ntxiv txog ntawm cov ntaub ntauv tawd yam tsis tau txais kev pom zoo sau ua ntaub ntauv los ntawm tus tswv uas nws cov ntaub ntauv yuav raug nthuav tawm ntaud los sis tshwj tsis yog tau muaj kev tso cai nthuav tawm tau mus lwm yam los ntawm 42 CFR Tshooj 2. Txawm li cas los xij, txhua qhov kev nthuav tawm cov ntaub ntauv kho mob yuav yog ib qho phom sij ua rau muaj kev rov nthuav tawm yam tsis raug cai thiab yuav ua rau cov ntaub ntauv kho mob ntaud tsis tau txais kev tiv thaiv los ntawm tsoom fwv cov cai kev ntiag ntug.

**Wisconsin Txoj Cai txog Kev Ntiag Tug:** Wisconsin txoj kev cai lij choj tiv thaiv tsis pub lwm tus paub txog cov ntaub ntauv kho mob ntawm tus neeg mob thiab qhia meej tseeb tias thaum twg cov ntaub ntauv yuav raug muab nthuav tawm tau yam tsis tau txais kev tso cai los ntawm koj los tau.

**Kev Taw Qhia Meej Tseeb txog Kev Nthuav Tawm txog Cov Ntaub Ntauv Kev Kho Mob Rau Fab Kev Tsis Meej Pem Vim Los Ntawm Kev Siv Tshuaj Yeeb Dej Caw:** Kuv nkag siab tias kuv tau taw qhia meej tseeb yam dav fo rau kev nthuav tawm txog cov ntaub ntauv kho mob rau fab kev tsis meej pem vim los ntawm kev siv tshuaj yeeb dej caw thiab/los sis cov ntaub ntauv xa kho mob rau cov neeg los sis cov koom haum raug raws cai uas kuv muaj kev sib raug zoo rau fab kev kho mob. Kuv tuaj yeem thov tau ib daim ntauv teev txog cov neeg los sis cov koom haum uas kuv cov ntaub ntauv hais txog kev tsis meej pem vim los ntawm kev siv tshuaj yeeb dej caw raug nthuav tawm rau lawv ntaud uas yog tiv tauj rau Tus Thawj Saib Xyuas txog Kev Phom Sij thiab Kev Nyab Xeeb, 2901 West Beltline Hwy, (608) 443-5545.

**Tsis Muaj Kev Yuam Kom Koj Yuav Tsum Tau Kos Npe Rau:** Koj tsis tau raug yuam kom yuav tsum tau kos npe rau hauv daim foos no, thiab koj muaj cai zam tsis kam kos npe rau tau tib si. Tsuas yog tias tau tso cai raws li txoj kev cai lij choj siv tau xwb, Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers) yuav tsis lam cia li tsis kam muab kev kho mob los sis lwm cov kev pab cuam rau kev saib xyuas kho kom muaj kev noj qab haus huv yog hais tias hais tias koj zam tsis kam kos npe rau daim foos no.

**Kev thim lus:** Koj muaj txoj cai thim qhov kev tso cai no, uas sau ua ntaub ntauv, tau txhua lub sij hawm ua ntej nws yuav tag sij hawm. Txawm li cas los xij, koj li kev thim lus yuav tsis cuam tshuam txog cov kev nthuav tawm txog koj cov ntaub ntauv kho mob uas tus (cov) neeg thiab/los sis lub (cov) koom haum uas tau muaj npe teev nyob rau nplooj ntauv dhau los ua ntej ntawm daim foos no, uas nws nce rau daim foos tso cai no, uas lub sij hawm uas koj thim lus ntaud. Tsis tas li, yog tias daim foos tso cai no tau txais los siv rau lub hom phiaj ntawm kev tuav pov hwm kho mob, koj qhov kev thim lus yuav siv tsis tau rau qee lub sij hawm uas tus tswv koom haum is saws las sam sim tab tom sib hais txog ib qho kev tsis txaus siab. Rau Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers) cov ntaub ntauv, koj qhov kev thim lus yuav tsum yog sau ua ntaub ntauv thiab muab xa mus rau: Cov Chaw Muab Kev Pab Kom Nkag Cuag Tau Rau Kev Noj Qab Haus Huv Hauv Zej Zos (Access Community Health Centers), Tus Thawj Saib Xyuas Kev Phom Sij thiab Kev Nyab Xeeb, 2901 West Beltline Hwy, (608) 443-5545.

**Rov nthuav tawm:** Yog tias tus (cov) neeg thiab/los sis cov koom haum uas tau tso cai los ntawm daim foos no tau txais koj cov ntaub ntauv kho mob uas tsis muaj kev tiv thaiv tsis yog cov kws kho mob los sis lwm tus neeg uas tau ua raws li tsoom fww txoj kev cai lij choj hais txog kev ntiag tug, cov ntaub ntauv kho mob uas lawv tau txais yuav poob nws txoj kev tiv thaiv los ntawm tsoom fww teb chaws cov kev cai lij choj tswj kev ceev ntiag tug, thiab cov neeg yuav tau txais kev tso cai rov nthuav tawm koj cov ntaub ntauv kho mob yam tsis muaj koj txoj kev tso cai ua ntej.

**Txoj Cai Tshawb Xyuas:** Koj muaj cai tshawb xyuas los sis luam cov ntaub ntauv kho mob uas tau txais kev tiv thaiv rau tus neeg uas koj tso cai rau qhov kev nthuav ntaud, nrog rau qee cov kev zam raws li tau teev meej tseg rau hauv lub xeev thiab tsoom fww txoj kev cai lij choj. Yog hais tias koj xav tshawb xyuas koj cov ntaub ntauv teev txog kev kho mob, thov koj tiv tauj rau Feem Saib Xyuas Cov Npas Xis Neeg Mob (txog rau cov ntaub ntauv sau nyiaj) los sis Feem Tswj Xyuas Cov Ntaub Ntauv Hais Txog Fab Kev Noj Qab Haus Huv (txog rau cov ntaub ntauv teev txog kev kho mob) ntawm 8501 Excelsior Drive, Madison, WI 53717 los sis (608) 263-6030, Txoj kev xaiv thib 3.

**Cov nqi:** Tsis muaj kev xam tus nqi dab tsi ntxiv txog rau cov ntaub ntauv uas raug thov los ntawm thiab raug nthuav tawm mus rau lwm cov koom haum kev saib xyuas kho mob fab kev noj qab haus huv. Yuav muaj kev xam tus nqi rau txhua cov kev thov cov ntaub ntauv txhawm rau lwm yam hom phiaj.

**Ntau Hom Qauv Ntaub Ntauv rau Kev Nthuav Tawm txog Cov Ntaub Ntauv Teev Txog Kev Kho Mob (ua Nplooj Ntauv thiab DVD):** Tej zaum koj kuj tuaj yeem thov kom muab cov ntawm luam ntawm cov ntaub ntauv teev txog kev kho mob rau koj ua lwm hom qauv ntaub ntauv uas sib txawv; txawm li cas los xij, tsuas nthuav tawm tau ua ib hom qauv ntaub ntauv nkaus xwb nyob rau kev tso cai ib zaug twg. Tej zaum koj yuav tsum tau xa ib daim ntauv thov cais nyias rau nyias txhawm rau thov txhua hom qauv ntaub ntauv yog hais tias koj xav tau ntau hom qauv ntaub ntauv.

**Kos npe:** Feem ntau, yog tias koj muaj hnub nyooq 18 xyoo los sis tshaj saud, koj tsuas yog tus neeg raug tso cai rau kos npe rau daim foos no txhawm rau tso cai rau kev nthuav tawm txog koj cov ntaub ntauv kho mob uas tau txais kev tiv thaiv. Yog tias koj muaj hnub nyooq qis dua 18, koj niam koj txiv los sis tus neeg saib xyuas yuav tsum tau kos npe rau daim foos no sawv cev rau koj.

Txawm li cas los xij, muaj ntau lub sij hawm uas txoj cai no tsis siv. Yog xav paub lub qhia ntau ntxiv txog tus neeg muaj cai kos npe rau daim foos no, hu rau: Tus Thawj Saib Xyuas Kev Phom Sij tiab Kev Nyab Xeeb, 2901 West Beltline Hwy, (608) 443-5545.

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**1. Patient Information**

Name – Last, First, MI (Maiden or former name) See Hmong Version			
Street Address See Hmong Version	City See Hmong Version	State See Hmong Version	Zip Code
Medical Record Number (only if known) See Hmong Version	Birthdate See Hmong Version	Phone Number See Hmong Version	

**2a. Medical Records to obtain (Select one) – for Medical Images/Films, see below under 2d and 2e**

Summary of Chart (includes consultations, outpatient notes, pathology reports, clinic summaries, X-ray (reports only), EKG and Lab reports for the most recent two years)

Dental Records

Records pertaining to (dates or conditions): See Hmong Version

Other (describe): See Hmong Version

Entire medical record from date \_\_\_/\_\_\_/\_\_\_ to date \_\_\_/\_\_\_/\_\_\_

**2b. Substance Use Disorder (SUD) Records – will only be released if selected below (Please select all that apply)**

SUD assessments

Treatment notes and treatment plans

Lab screening results

Discharge Summary including SUD information

All SUD information **from** date \_\_\_/\_\_\_/\_\_\_ **to** date \_\_\_/\_\_\_/\_\_\_

Other: \_\_\_\_\_

**2c. Format for record delivery (Select one):**  Paper  DVD (requires PDF viewer)  Other format (specify): \_\_\_\_\_  
**Please note:** If a format is not selected, records will be provided in paper format.

**2d. MEDICAL IMAGES to be disclosed from (Select one):**  ACHC

**2e. Specific MEDICAL IMAGES to be disclosed:**

Medical X-Rays  Dental X-rays  X-rays pertaining to: See Hmong Version

**3. Release Information FROM: (Select one)**

- All Access Community Health Centers or Specify below:  
 Other Healthcare Organization (Complete below)

Name – (e.g. Health Facility, Physician...) See Hmong Version		
Address See Hmong Version		
City See Hmong Version	State	Zip Code
Phone Number See Hmong Version	Fax See Hmong Version	

**4. Release Information TO: **\*\*Need full mailing address\*\*****

Name – (e.g. Insurance Company, Lawyer, Physician, Patient) See Hmong Version		
Address See Hmong Version		
City See Hmong Version	State	Zip Code
Phone Number See Hmong Version	Fax See Hmong Version	

**5. Purpose or need for disclosure - may be released electronically. (Select all applicable categories)**

- Further medical care  Payment of insurance claim  Legal investigation  Workers' compensation
- Application for insurance  Vocational rehabilitation  Patient use  Research
- Disability determination  Other: See Hmong Version

**6. EXPIRATION DATE:** This authorization will remain in effect until the above disclosure(s) have been completed unless you specify that this authorization will be effective for an additional time period. (NOTE that if you specify an additional time period, this authorization will apply to your medical information generated during the additional time period.)  Other specific expiration date: \_\_\_/\_\_\_/\_\_\_

**\*\*PLEASE SEE NEXT PAGE FOR FURTHER INFORMATION\*\***

**In accordance with the conditions listed above and on the next page of this form, I authorize the use and/or disclosure of my medical information. I understand that there may be a charge for copies.** This authorization includes disclosure of information regarding substance use disorder, psychiatric consults and mental illness, developmental disabilities, genetic testing, AIDS or AIDS-related illness, sexually transmitted infection, and/or HIV test results, unless I limit the disclosure to exclude the following: \_\_\_\_\_

**Signature of Patient/Representative:** See Hmong Version **Date:** \_\_\_/\_\_\_/\_\_\_

If signed by person other than the patient, print name and state relationship and authority to do so. (See next page for more information)

Print Name: See Hmong Version Relationship: See Hmong Version

Patient is:  Minor  Incompetent/Incapacitated  Spouse/Domestic Partner of Deceased

Legal Authority:  Legal Guardian  Parent of Minor  Next of Kin  
 Health Care Agent  Other: See Hmong Version  
 Personal Representative

## ADDITIONAL INFORMATION REGARDING AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Access Community Health Centers care providers honor a patient's right to confidentiality of protected health information as provided under federal and state law. Please read the following guidelines before signing this authorization.

**Release of Information:** The information released may be obtained from the medical record of Access Community Health Centers. It may be obtained from multiple paper-based or electronic-based forms (as applicable). It may include data elements from outside sources that are embedded in tables and documents. Copies released from Health Information Management include medical records only.

**Sending Authorizations to Access Community Health Centers:** Authorizations for Access Community Health Centers can be mailed to Access Community Health Centers, Attn: Release of Information/UW Health, **8501 Excelsior Drive, Madison, WI 53717** or returned to any Access clinic.

**Federal HIPAA Privacy Rules:** These federal rules indicate when your protected health information may be used or disclosed without your authorization. Please see our Notice of Privacy Practices for additional information. You can find a copy of the Notice of Privacy Practices on the website at <https://accesscommunityhealthcenters.org/>.

**Federal Substance Use Disorder Treatment Program Privacy (42 CFR Part 2):** The federal confidentiality rules (42 CFR Part 2) that apply to substance use disorder treatment and/or referral records maintained by a Part 2 program prohibit any further disclosure of such records without the specific written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. However, any disclosure of information carries the potential for unauthorized re-disclosure and the information may not be protected by federal privacy standards.

**Wisconsin Right to Privacy:** Wisconsin law protects the confidentiality of patient healthcare records and indicates when records may be disclosed without your authorization.

**General Designation for Disclosure of Substance Use Disorder Treatment Information:** I understand I have made a general designation to disclose substance use disorder treatment and/or referral information to individuals or entities with which I have a treatment relationship. I may request a list of individuals or entities to which my substance use disorder information has been disclosed by contacting Director of Risk Management and Safety, 2901 West Beltline Hwy, (608) 443-5545.

**No Obligation to Sign:** You are under no obligation to sign this form, and you may refuse to do so. Except as permitted under applicable law, Access Community Health Centers care providers may not refuse to provide you treatment or other healthcare services if you refuse to sign this form.

**Revocation:** You have the right to revoke this authorization, in writing, at any time before it ends. However, your written revocation will not affect any disclosures of your medical information that the person(s) and/or organization(s) listed on the previous page of this form have already made, in reliance on this authorization, before the time you revoke it. In addition, if this authorization was obtained for the purpose of insurance coverage, your revocation may not be effective in certain circumstances where the insurer is contesting a claim. For Access Community Health Centers records, your revocation must be made in writing and addressed to: Access Community Health Centers, Director of Risk Management and Safety, 2901 West Beltline Hwy, (608) 443-5545.

**Re-release:** If the person(s) and/or organization(s) authorized by this form to receive your protected health information are not healthcare providers or other people who are subject to federal health privacy laws, the protected health information they receive may lose its protection under federal health privacy laws, and those people may be permitted to re-release your protected health information without your prior permission.

**Right to Inspect:** You have the right to inspect or copy the protected health information for whose disclosure you are authorizing, with certain exceptions provided under state and federal law. If you would like to inspect your records, contact the Patient Accounting department (for billing records) or Health Information Management department (for medical records) at 8501 Excelsior Drive, Madison, WI 53717 or (608) 263-6030, Option 3.

**Fees:** There is no charge for records requested by and released to other healthcare organizations. A fee will be charged for other requested purposes.

**Multiple Formats for Release of Medical Records (Paper vs DVD):** You may request records to be provided to you in different formats; however, only one format will be released per authorization. You will be asked to submit a separate request for each format if multiple formats are desired.

**Signatures:** Generally, if you are 18 years of age or older, you are the only person who is permitted to sign this form to authorize the disclosure of your protected health information. If you are under the age of 18, your parent or guardian must sign this form for you. However, there are many situations in which this general rule does not apply. For more information regarding who is authorized to sign this form, contact: Director of Risk Management and Safety, 2901 West Beltline Hwy, (608) 443-5545.