

Tips for Use of Authorization for Release of Verbal Communication AND Exchange of Written Information

PURPOSE: To ensure authorization is on file for current and future sharing of information between those listed in Sections 2 and 3 only

Examples for use (but not limited to):

- School issues (ADD, IEP, asthma or other chronic conditions) communicated with and released to school staff
- Working with payers to certify/pre-approve services
- Coordination of community/social services (excluded from continuity of care purposes which doesn't require an authorization)
- Coordination of medical services where special authorization is required: Mental Health, Substance Use Disorder, HIV test results where both verbal AND written authorization is needed

Examples **NOT** for use:

- NOT INTENDED FOR HIM (Health Information Management) TO IMMEDIATELY RELEASE COPIES – ONLY THE PERSON LISTED IN SECTIONS 2 AND 3 MAY SHARE
- Provider to provider exchange of PHI (does not require authorization)
- For the sole purpose of releasing copies of PHI
 - Use form ACHC1280490-DT Authorization for Disclosure of Protected Health Information
- For the sole purpose of authorizing verbal communication
 - Use form ACHC302443-DT Authorization for Verbal Communication and/or to Leave Voice Mail Messages

Form Completion Tips:

Section 1 – Use label with MRN and DOB, if not already pre-populated when printing from Cadence

Section 2 – Check either Access Community Health Centers or a particular clinic/unit or specific person authorized to exchange information

- Least Restrictive: Organization
- Moderately Restrictive: Smaller section within an organization
- Most Restrictive: List an individual person (including first and last name)

Section 3 – Enter name of organization/person authorized to receive/exchange information with that listed in Section 2

- Least Restrictive: Organization
- Moderately Restrictive: Smaller section within an organization
- Most Restrictive: Individual person (including first and last name)
- Full address should be included to allow for exchange of PHI
- Phone number is only required when authorized to communicate via telephone and/or leave voice mail messages
- **NOTE:** Only one person/organization may be listed per authorization. If multiple people/organizations are desired, an authorization is required for each one, except for mother/father from same household

Sections 4 and 5 – Include what type(s) of information can be shared, if different from ANY AND ALL – These boxes are pre-checked as both situations must apply in order to use this authorization

- Section 4 – **(Must Be Completed)** Written: Can be defined by condition/diagnosis (asthma, ADD, lung cancer), Date range (past 5 years), or other (specific forms/tests/procedures, etc.)
- Section 5 – Verbal: Two-way communication

Section 6 – Additional options for voice mail – Check box if patient authorizes voice mail messages to be left at the number listed in Section 3

- If patient authorizes leaving detailed voice mail on the patient's own voice mail, the Authorization for Verbal Communication and/or to Leave Voice Mail Messages (ACHC302443-DT) should be used instead of this form
- Authorization includes any information to be left on voice mail, unless patient specifies on the authorization such limitations (example: no lab results, no OB appointment information, etc.)

Section 7 – Purpose of disclosure – Care Coordination is prepopulated as a default. If other reason, please enter

Section 8 – Authorization expiration – Standard expiration date will be one year from date of signature unless a new date is entered – if a longer period of time is requested by the patient, a five-year range is a good timeframe to use

- **NEW:** The option of Indefinite has been removed in order to reduce the risk of unknown authorization over a long period of time (patient forgets about an indefinite authorization)

Authorization paragraph:

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 the patient chooses to limit the information authorized.

- To do that, they must list the limitations in the space provided

Signature of Patient/Representative: Signed by person legally authorized to sign

Signature of Guardian – Guardianship is a legally authorized designation – see ACP module and scanned document for appropriate legal papers

- Stepparent cannot sign unless legal papers are on file

Date – Enter the date in which the patient/representative/guardian signed the authorization

Patient is/Legal Authority – Complete if Guardian/Representative is completed

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Improving health. Improving lives.

ACHC DAIM FOOS TSO CAI RAU KEV NTHUAV TAWM TXOG KEV SIB TXUAS LUS LOS NTAWM KEV HAIS LUS THIAB KEV SIB PAUV TXOG COV LUS QHIA UAS SAU UA NTAUB NTAWV

Health Information Management 8501 Excelsior Drive Madison, WI 53717 Fax: (608) 662-4444

Index to Auth – Exchange Information

1. Cov Ntaub Ntawv Qhia Txog Tus Neeg Mob

Table with 4 columns: Lub Npe, Txoj Kev Chaw Nyob, Nroog, Xeev, Tus Ziv Khauj, Nab Npawb Cim Cov Ntaub Ntawv Kho Mob, Hnub Yug, Nab Npawb Xov Tooj

2. Kev Sib Pauv txog Cov Lus Qhia ntawm:

Access Cov Chaw Kho Mob Nyob Rau Tej Zej Zos (los sis):

Table with 4 columns: Lub npe, Chaw nyob, Nroog, Xeev, Tus Ziv Khauj, Xov Tooj, Fev

3. Thiab:

(Tsuas pub siv tau ib tus neeg/ib lub koom haum/ib tus nab npawb xov tooj tauj daim foos tso cai nkaus xwb)

Table with 4 columns: Lub Npe, Chaw nyob, Nroog, Xeev, Tus Ziv Khauj, Xov Tooj, Fev

Cov ntaub ntawv uas yuav raug muab nthuav tawm: Cov lus qhia los ntawm kev hais lus thiab sau ua ntuab ntawv OB YAM TIB SI - yog hais tias tsuas thov tshwj xeeb rau ib yam twg nkaus xwb, siv Daim Foos Tso Cai rau Kev Nthuav Tawm txog Cov Ntaub Ntawv Kev Noj Qab Haus Huv Uas Tau Txais Kev Tiv Thav (ACHC1280490-DT) los sis Daim Foos Tso Cai rau Kev Sib Txuas Lus Los Ntawm Kev Hais Lus thiab/los sis txhawm rau Faj Lus Kaw Ua Suab Tseg (ACHC302443-DT).

4. Cov Ntaub Ntawv Teev Txog Kev Kho Mob Uas Sau Ua Ntaub Ntawv uas yuav raug muab Nthuav Tawm: Xam nrog rau cov ntaub ntawv kho mob TSIS HAIS YAM TWG LOS TAU thiab TAG NRHO tshwj tsis yog tias tau qhia meej tseeb mus lwm yam raws li nram qab nod:

Cov ntaub ntawv kho mob uas cuam tshuam txog (cov hnub tim los sis cov yam ntxwv mob): Lwm yam (piav qhia ib qho zuz zus):

THIAB

5. Kev Sib Pauv txog Kev Sib Txuas Lus Los Ntawm Kev Hais Lus ntawm cov neeg uas muaj npe teev tseg nyob rau hauv Tshooj 2 thiab 3

6. Lwm txoj kev xaiv ntxiv txhawm rau faj LUS KAW UA SUAB mus rau cov neeg uas muaj npe teev tseg nyob rau hauv Tshooj 3 Lus kaw ua suab xam nrog rau txhua cov lus qhia tshwj tsis yog tias tau qhia meej tseeb mus lwm yam:

7. Hom phiaj los sis kev xav tau rau kev nthuav tawm: Kev Pab Saib Xyuas Kho Mob tshwj tsis yog tias tau qhia meej tseeb mus lwm yam:

8. Daim foos tso cai no yuav tag sij hawm nyob rau hauv ib lub xyoos suav tab txij li hnub tau muaj kev kos npe mus tshwj tsis yog tias tau hais qhia meej tseeb mus lwm yam rau hauv qab nod:

Lwm hnub tag sij hawm tshwj xeeb (sau qhia meej):

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

**COV NTAUB NTAWV NTXIV HAIS TXOG DAIM FOOS TSO CAI RAU KEV NTHUAV
TAWM TXOG COV NTAUB NTAWV 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 ntawv 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 nyem cov txheeb txheem qhia hauv qab no ua ntej yuav kos npe rau daim foos tso cai no.

Kev Nthuav Tawm Txog Cov Ntaub Ntawv: Tej zaum cov ntaub ntawv uas raug nthuav tawm kuj yuav muab tau los ntawm cov ntaub ntawv 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 ntawv 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 ntawv. Cov ntawv luam uas raug nthuav tawm los ntawm Kev Tswj Xyuas Cov Ntaub Ntawv Qhia Txog Fab Kev Noj Qab Haus Huv (Health Information Management) tsuas yog muaj xam nrog rau cov ntaub ntawv kho mob nkaus xwb.

Kev Xa Cov Ntaub Ntawv 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 Ntawv 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 Ntawv/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 Fww Cov Cai Kev Ntiag Tug Rau Fab HIPAA Tsoom fww cov cai no yuav qhia meej tseeb tias thaum twg koj cov ntaub ntawv 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 kheej li cas. Thov saib peb Tsab Ntawv Ceeb Toom txog Kev Tiv Thaiv Kev Ntiag Tug txhawm rau kom paub txog cov lus qhia ntau ntiv. Koj tuaj yeem nrhiav ib daim ntawv luam ntawm Tsab Ntawv Ceeb Toom txog Kev Tiv Thaiv Kev Ntiag Tug nyob rau hauv lub vev xaij ntawm <https://accesscommunityhealthcenters.org/>.

Tsoom Fww 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 fww 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 ntawv 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 ntiv txog ntawm cov ntaub ntawv tawd yam tsis tau txais kev pom zoo sau ua ntaub ntawv los ntawm tus tswv uas nws cov ntaub ntawv yuav raug nthuav tawm ntawd 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 ntawv 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 ntawv kho mob ntawd tsis tau txais kev tiv thaiv los ntawm tsoom fww cov cai kev ntiag tug.

Wisconsin Tsoj Cai txog Kev Ntiag Tug: Wisconsin txoj kev cai lij choj tiv thaiv tsis pub lwm tus paub txog cov ntaub ntawv kho mob ntawm tus neeg mob thiab qhia meej tseeb tias thaum twg cov ntaub ntawv 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 Ntawv 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 ntawv kho mob rau fab kev tsis meej pem vim los ntawm kev siv tshuaj yeeb dej caw thiab/los sis cov ntaub ntawv 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 ntawv teev txog cov neeg los sis cov koom haum uas kuv cov ntaub ntawv hais txog kev tsis meej pem vim los ntawm kev siv tshuaj yeeb dej caw rau nthuav tawm rau lawv ntawd 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 ntawv, 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 ntawv kho mob uas tus (cov) neeg thiab/los sis lub (cov) koom haum uas tau muaj npe teev nyob rau nplooj ntawv 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 ntawd. 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 ntawv, koj qhov kev thim lus yuav tsum yog sau ua ntaub ntawv 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 ntawv 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 ntawv 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 ntawv 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 ntawv kho mob uas tau txais kev tiv thaiv rau tus neeg uas koog tso cai rau qhov kev nthuav ntawd, 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 ntawv teev txog kev kho mob, thov koj tiv tauj rau Feem Saib Xyuas Cov Npas Xis Neeg Mob (txog rau cov ntaub ntawv sau nyiaj) los sis Feem Tswj Xyuas Cov Ntaub Ntawv Hais Txog Fab Kev Noj Qab Haus Huv (txog rau cov ntaub ntawv 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 ntiv txog rau cov ntaub ntawv 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 ntawv txhawm rau lwm yam hom phiaj.

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

Kos npe: Feem ntau, yog tias koj muaj hnuv nyoog 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 cov ntaub ntawv kho mob uas tau txais kev tiv thaiv. Yog tias koj muaj hnuv nyoog 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 ntiv txog tus neeg muaj cai kos npe rau daim foos no, hu rau: Tus Thawj Saib Xyuas Kev Phom Sij thiab Kev Nyab Xeeb, 2901 West Beltline Hwy, (608) 443-5545.



**ACHC AUTHORIZATION FOR RELEASE OF
VERBAL COMMUNICATION AND
EXCHANGE OF WRITTEN INFORMATION**

Health Information Management
8501 Excelsior Drive
Madison, WI 53717
Fax: (608) 662-4444

Index to Auth – Exchange Information

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	

2. Exchange of Information between:

Access Community Health Centers (or):

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

3. And:

(Only one person/organization/phone number per authorization)

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

Information to be disclosed: **BOTH verbal and written information** - if only one is exclusively being requested, use *Authorization for Disclosure of Protected Health Information (ACHC302502-DT)* or *Authorization for Verbal Communication and/or to Leave Voice Mail Messages (ACHC302443-DT)*.

4. Written Medical Record Documentation to be Disclosed: Includes ANY and ALL records unless otherwise specified below:

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

AND

5. Exchange of Verbal Communication between those listed in Sections 2 & 3

6. Additional option to leave VOICE MAIL to those listed in Section 3

Voice mail includes any information unless specified: See Hmong Version

7. Purpose or need for disclosure: Care Coordination unless otherwise specified: See Hmong Version

8. This authorization will expire one year from signature unless otherwise indicated below:

Other specific expiration date (specify): / /

****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 or 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.