LA FRONTERA ARIZONA

Your partner for a safe, strong, and healthy community.

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Coss Staff Sent: ☐ Date: __/__/__

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Arizona and Federal law concerning the privacy of such information.

Failure to provide all information requested will invalidate this Authorization.

I hereby authorize the use or disclosure of my protected health information as follows:

Client Name: _____ Guardian Name (if any):_____

Client Social Security #: _____ DOB: _____

I authorize La Frontera Center, Inc. to: (check one or both) **release**☐ and/or **exchange**☐ the information to/with:

_____ _____ _____

Name/Organization Address Phone

Purpose of the use or disclosure: _____

This Authorization applies to the following information (select only one of the following):

☐ **All Health Information** (including information pertaining to substance abuse and/or HIV health reports, medical history, mental, or physical condition and treatment received.)

[Optional] Except:_____

☐ **Only the following records or types of information (including any dates):** (including information pertaining to substance abuse and/or HIV health reports, medical history, mental, or physical condition and treatment received.)

_____

EXPIRATION: This authorization expires (insert date or event): _____

RESTRICTIONS: Protected health information that is disclosed pursuant to this Authorization remains privileged. The recipient of this information may not re-disclose this information without the written authorization of the Client or the Client's health care decision maker, unless otherwise provided by law. ARS §12-2294(F). Federal (42CFR Part 2) and state law (ARS §36-664) prohibit any further disclosure of substance abuse and/or HIV health reports.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS: The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser *Unless:* (1) The patient consents in writing (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd–3 and 42 U.S.C. 290ee–3 for Federal laws and 42 CFR part 2 for Federal regulations.)

YOUR RIGHTS: I understand that I may refuse to sign this Authorization. My refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy anything used or disclosed under this Authorization, unless such inspection or copying is contraindicated as determined by my psychiatrist.

I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf. My revocation will be effective upon receipt, but will not be effective to the extent that the Requesting Party or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this Authorization.

SIGNATURE

Signature: _____ Date: _____

Client/Representative/Guardian

If signed by someone other than the Client, state your relationship to the Client: _____

Witness: _____

File Under "Releases and Consents"