

## Instructions for Completing the Authorization for Use and Disclosure of Information Form DHS 2099

### PLEASE PRINT ALL INFORMATION

#### SECTION "A"

<b>Release From</b>	<p>This section is meant for <u>one record holder</u> name. Each source of records requires a separate authorization form.</p> <ul style="list-style-type: none"> <li>▪ Record Holder name needs to be specific. "Medical Providers" in the Release From box is not adequate.</li> <li>▪ This section can reference "DHS" or a specific program within DHS. Assist the client to fully understand what it means to release from all of DHS. The client should have the option to limit the release of information from one or more DHS programs.</li> <li>▪ <u>Include both pages</u> when sending/faxing a signed Authorization to a Record Holder. State law requires that the client receive some of the information on the second page. The Record Holder will want to know that the client has received that information.</li> </ul>
<b>Specific Information to Disclose</b>	<ul style="list-style-type: none"> <li>▪ Some examples of specific information are assessments, treatment plans, results of urinalysis, psychological report, financial information, and case plans.</li> <li>▪ Do not indicate "entire record" unless it is necessary to accomplish the purpose. (See section "B" below for definition of "Purpose".)</li> </ul>
<b>Mutual Exchange; yes/no</b>	<ul style="list-style-type: none"> <li>▪ If the client agrees to mutual exchange, the exchange needs to stay within the purpose and specific information stated on the form.</li> <li>▪ Mutual Exchange creates the opportunity to ask clarifying questions about the specific information identified on the form.</li> <li>▪ Mutual Exchange does not open all records for discussion between the record holder and the record requester.</li> <li>▪ Only if Mutual Exchange is acknowledged with a "yes" can information flow both ways.</li> </ul>

#### STATEMENT

<b>If the information contains any of the types of records or information listed below, additional laws relating to use and disclosure may apply etc.</b>	<ul style="list-style-type: none"> <li>▪ Explain to the client that there are very strict state and/or federal confidentiality laws to protect these sensitive records.</li> <li>▪ Even if the "Specific Information to be Disclosed" section notes the sensitive records being requested, the lines in this statement must be initialed.</li> </ul>
---	--

#### SECTION "B"

<b>Release To (address required if mailed) If releasing to team members, list members</b>	<ul style="list-style-type: none"> <li>▪ The client must be given the option to complete a separate form for each partner or to refuse disclosure to a particular partner on the list.</li> <li>▪ Record holders may have their own procedures on mailing or faxing requested records. When requesting that the records be faxed, also include, whenever possible, the address for the records to be mailed.</li> <li>▪ This section can reference "DHS" or a specific program within DHS. Assist the client to fully understand what it means to release to all of DHS. The client should have the option to limit the release of information to one or more DHS programs.</li> </ul>
---	--

## SECTION "B"

<b>Purpose</b>	<ul style="list-style-type: none"><li>▪ The stated purpose should support the work being done for and with the client. It is not a generic permission for the use or disclosure for any and all information.</li></ul>
<b>Expiration Date or Event*</b>	<ul style="list-style-type: none"><li>▪ This field must be completed with either an event or a date.</li><li>▪ The authorization is valid for one year from the date of signing, unless otherwise clearly stated.</li><li>▪ Although using an "event" in this field is allowable, the record holder may not know when or if the event has occurred.</li></ul>

## SECTION "C"

<b>Full Signature OR authorized Personal Representative</b>	<ul style="list-style-type: none"><li>▪ A client or authorized personal representative should never be asked to sign a blank or incomplete authorization form.</li><li>▪ Signature of both personal representative and the individual are not required.</li><li>▪ Definition of "Personal Representative" may vary between programs. If unsure, check with your manager.</li></ul>
<b>Signature and Printed Name of Agency Staff Person Providing this Copy.</b>	<ul style="list-style-type: none"><li>▪ Agency staff signature certifies that this is a true copy of the original Authorization document.</li><li>▪ DO NOT SIGN THE ORIGINAL AUTHORIZATION. Make a copy, and sign the copy before mailing or faxing.</li><li>▪ When faxing or mailing, <u>send both pages</u> of the Authorization. The second page includes information that is required by law. Healthcare and other DHS partners need to know that the client has been fully informed.</li></ul>

## INSTRUCTIONS FOR PAGE 2

<b>Voluntary Signature</b>	<ul style="list-style-type: none"><li>▪ Client signature is voluntary; therefore the client may decline to sign this authorization form.</li><li>▪ Declining to sign may impact the ability of DHS to coordinate client services with health care professionals.</li><li>▪ Without a signed Authorization, DHS may be unable to verify eligibility requirements and may be unable to refer the client to other services.</li></ul>
<b>Cancellation (Revocation)</b>	<ul style="list-style-type: none"><li>▪ Inform the client of the right to cancel (revoke) the Authorization.</li><li>▪ Except for Drug and Alcohol Programs, the client is required to make the cancellation request in writing.</li><li>▪ Write the method and date of the cancellation on the Authorization form, add the current date if different from the cancellation date, initial the cancellation entry, and place the Authorization form in the client file.</li><li>▪ The client may cancel (revoke) disclosure to one or more team members listed on the Authorization.</li><li>▪ If the Authorization(s) has been placed in the ORCA system, make sure the cancellation is noted in that system as well as in the paper file.</li></ul>
<b>Minors</b>	<ul style="list-style-type: none"><li>▪ A Program or subject-specific state laws may impact decisions about Authorization forms signed by minors. Check with your manager.</li></ul>

## INSTRUCTIONS FOR PAGE 2

### Re-disclosure

- Re-disclosure is the disclosure of information to a person, DHS program, DHS subcontracted entity, or other entity beyond what is originally authorized. Literally, this means disclosing the information for a new or different reason, to someone other than originally intended.
- Federal and state regulations prohibit making any further disclosure of Alcohol/Drug and HIV/AIDS information.

### ► Both Pages:

- This form is not valid without Page two.
- Include both pages when sending/faxing a signed Authorization to a Record Holder. State law requires that the client receive some of the information on the second page. The Record Holder will want to know that the client has been made aware of that information.

### ► Form Completion

- The Authorization form can be filled out electronically and printed for client signature
- After being completed and signed, Authorization forms can be stored in the ORCA database, as long as the client-signed form is maintained in the paper file. If needed, more than one Authorization form for an individual client can be stored in this database.
- If completed Authorization forms are stored in a database, make sure you have a process in place for revocation. If a signed Authorization is later revoked (cancelled) that revocation must be noted in the database as well as in the paper file.
- The Authorization form can be pre-printed with standard multidisciplinary team members, as long as the client is given the option to omit one or more team members.
- Do not use labels on the Authorization form.
- When completed properly, the form is able to stand alone to process a requested disclosure.

- **Trouble Shooting:** If the Authorization form you send out has been completed, signed, and sent properly, and a record holder refuses to accept it, call the Privacy Program at 503-945-5780.

### Common Mistakes Made when Completing an Authorization Form

1. Writing illegibly. If your handwriting is difficult to read, print or type the information onto the form.
2. Requesting that records be sent to you but not providing a mailing address or fax number to a Record Holder.
3. Mailing or faxing only one page of the Authorization form. The Authorization form is two pages long, and both pages must be included when mailed or faxed.
4. Asking the client to sign an Authorization form that has not been completed. Clients have the right to be fully informed about what they are signing and what that will mean to them.
5. Being too general in the "Specific Information to be Disclosed" or the "Purpose" section.
6. Not including the Date of Birth in order to more easily identify the individual.
7. Signing the original Authorization to certify that it is a true copy, rather than signing a copy.
8. Having someone without sufficient authority sign the Authorization on behalf of the client.