

## Erie County Department of Mental Health Permission to Use and Disclose Confidential Information

This form is designed to be used by organizations that collaborate with one another in planning, coordinating, and delivering services to persons diagnosed with mental disabilities. It permits use, disclosure, and re-disclosure of confidential information for the purposes of care coordination, delivery of services, payment for services and health care operations. This form complies with the requirements of § 33.13 of the New York State Mental Hygiene Law, federal alcohol and drug record privacy regulations (42 CFR Part 2), and federal law governing privacy of education records (FERPA) (20 USC 1232g). It is not for use for HIV-AIDS related information. Although it includes many of the elements required by 45 CFR 164.508(c), this form is not an "Authorization" under the federal HIPAA rules. An "Authorization" is not required because use and disclosure of protected health information is for purposes of treatment, payment or health care operations. (See 45 CFR 164.506.)

1. I acknowledge that my information will be entered into an electronic record, and I hereby give permission to use and disclose health, mental health, alcohol/drug and education records as described below.

2. The person whose information may be used or disclosed is:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. The information that may be used or disclosed includes (check all that apply):

- Mental health records
- Alcohol/Drug Records
- School or Education Records
- Health records
- All of the records listed above

4. This information may be disclosed by:

- Any person or organization that possesses the information to be disclosed
- The persons or organizations listed in Attachment A
- The following persons or organizations that provide services to me:

\_\_\_\_\_  
\_\_\_\_\_

5. This information may be disclosed to:

- Any person or organization that needs the information to provide service to the person who is the subject of the record, pay for those services, or engage in quality assurance or other health care operations related to that person.
- The persons or organizations listed in Attachment A
- The following persons or organizations:

\_\_\_\_\_  
\_\_\_\_\_

6. The purposes for which this information may be used and disclosed include:

- Evaluation of eligibility to participate in a program supported by the Erie County Department of Mental Health;
- Delivery of services, including care coordination and case management;
- Payment for services; and
- Health Care Operations such as quality assurance.
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7. I understand that New York and federal law prohibits persons that receive mental health, alcohol, or drug abuse, and education records from re-disclosing those records without permission. I also understand that not every organization that may receive a record is required to follow the federal HIPAA rules governing use and disclosure of protected health information. I HEREBY GIVE PERMISSION TO THE PERSONS AND ORGANIZATIONS THAT RECEIVE RECORDS PURSUANT TO THIS AUTHORIZATION TO RE-DISCLOSE THE RECORD AND THE INFORMATION IN THE RECORD TO PERSONS OR ORGANIZATIONS DESCRIBED IN PARAGRAPH 5 FOR THE PURPOSES PERMITTED IN PARAGRAPH 6, BUT FOR NO

OTHER PURPOSE.

**Erie County Department of Mental Health  
Permission to Use and Disclose Confidential Information (con't.)**

8. This permission expires (check applicable box):  
 On \_\_\_\_\_  
 Upon the following event: \_\_\_\_\_

9. This permission is limited as follows:  
 Permission only applies to records for the following time period: \_\_\_\_\_ to \_\_\_\_\_  
 Other limitation: \_\_\_\_\_

10. I understand that this permission may be revoked. I have received a Notice of Privacy Practices, and understand that if this permission is revoked, it may not be possible to continue to participate in certain programs. I will be informed of that possibility if I wish to revoke this permission. I also understand that records disclosed before this permission is revoked may not be retrieved. Any person or organization that relied on this permission may continue to use or disclose records and protected health information as needed to complete work that began because this permission was given.

I am the person whose records will be used or disclosed. I give permission to use and disclose my records as described in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am the personal representative of the person whose records will be used or disclosed. My relationship to that person is \_\_\_\_\_  
\_\_\_\_\_. I give permission to use and disclose my records as described in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Attachment A**

This permission to disclose records applies to the following organizations and people who work at those organizations. These organizations work together to deliver services to residents of Erie County.

Berkshire Farm  
BestSelf Behavioral Health  
Buffalo City Mission  
BryLin Hospital  
Buffalo Federation of Neighborhood Centers  
Buffalo Psychiatric Center  
Catholic Charities  
Cazenovia Recovery Services  
Child & Family Services  
Community Connections of New York  
Community Services for Every1  
Compeer West  
Endeavor Health Services  
Envision Healthcare  
Erie County Department of Mental Health  
Erie County Forensic Mental Health Services  
Erie County Department of Social Services  
Erie County Medical Center  
Gateway – Longview  
Greater Buffalo United Healthcare Network  
Family Help Center  
Harmonia Collaborative Care

Health Home Partners of Western New York, LLC  
Health Homes of Upstate New York  
Heritage Centers  
Hillside Children's Center  
Hispanics United of Buffalo  
Horizon Health Services  
Jewish Family Services  
Kaleida Health  
Living Opportunities of DePaul  
Lt. Col. Matt Urban Human Services Center  
Mental Health Association  
Monroe Plan for Medical Care  
Monsignor Carr Institute  
New Directions  
NY-508 Continuum of Care (HUD)  
Niagara County Department of Mental Health and Substance Abuse Services  
Niagara County Single Point of Access  
Niagara County Department of Social Services  
Niagara Falls Memorial Hospital  
Niagara Gospel Rescue Mission  
OLV Human Services

Recovery Options Made Easy  
RedArgyle  
Restoration Society, Inc.  
Salvation Army  
Southern Tier Environments for Living  
Spectrum Human Services  
Suburban Adult Services, Inc.  
Suicide Prevention & Crisis Services  
Temple of Christ, My Place Home  
Transitional Services, Inc.  
University Psychiatric Practice  
UPMC - Chautauqua  
Veteran Administration Medical Center  
Weinberg Campus  
Western New York Independent Living Project  
WNY Children's Psychiatric Center  
YWCA of Western New York

Other: