

## 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.

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 to redisclose expires (check applicable box):

- On (date) \_\_\_\_\_  
 One year from the date of the signature

9. This permission to redisclose 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  
 Evergreen Health Services  
 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  
 My Place Home – Polly Jean Suites  
 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

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: