

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
- ☐ Family Member or designated advocate named below to assist in my care and/or accessing housing and/or care coordination services:

- ☐ 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 legal 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.

BestSelf Behavioral Health
Buffalo City Mission
BryLin Hospital
Buffalo Federation of Neighborhood Centers
Buffalo Psychiatric Center
Catholic Charities
Cazenovia Recovery Services
Child & Family Services
CINQCARE
Community Connections of New York
Community Services for Every1
Compeer West
Endeavor Health Services
Envision Healthcare
Erie County Department of Health
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
Family Help Center
Harmonia Collaborative Care
Health Home Partners of Western New York, LLC
Health Homes of Upstate New York

Hillside Children's Center
Hispanics United of Buffalo
Homeless Alliance of WNY
Horizon Health Services
Jericho Road Community Health Center
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
Save the Michaels of the World, Inc.
Southern Tier Environments for Living
Spectrum Health and Human Services
Suburban Adult Services, Inc.
Suicide Prevention & Crisis Services
Sylvia House
The Arc of Erie County, NY
Together for Youth
Transitional Services, Inc.
University Psychiatric Practice
UPMC - Chautauqua
Veteran Administration Medical Center
Western New York Independent Living, Inc.
WNY Children's Psychiatric Center
YWCA of Western New York
WNY Veteran Housing Coalition
Other: