

## **Instructions for Completing the Authorization to Release Information Form**

Section 1: Fill in the name of the person/client whose information is to be disclosed. Make sure all information is completed, especially first and last name and date of birth.

Section 2: Fill in the name of the FCC program and location as applicable, or check the All Programs box. In the second column, check the FCC Programs box if using the release for intra-agency correspondence, or if using the form for external agency correspondence, fill in as much information about the other party as possible, including address if known.

Section 3: State and federal laws require separate or specific authorization from the client in order to disclose mental health or AODA information. As a result, we must always check off the mental health box and in some cases the AODA box. Please note, however, that checking off one of these boxes alone is not sufficient for authorizing the disclosure of information.

Section 4: Any information that is being requested must be checked off in this section. State and federal law require the request for information to be as specific as possible, which is why we cannot simply check off “mental health” in Section 3.

Dates must also be specified, and they can go from a past period to a future period, not to exceed the expiration date listed in Section 6. If you need the authorization for ongoing communication during treatment, for example to send weekly or monthly summaries to school representatives or social workers, you will need to fill in this section to include the time period after the form is signed.

Section 5: State and federal law require the purpose for the disclosure to be included on any request form. You must check off the appropriate box in this section.

Section 6: One of the boxes in this section must be checked or the form will be invalid. If the authorization is for a one-time release of information, you must check the 90 day expiration box. If the authorization to release information is required for ongoing service provision, then you may check the 12 months from signature date box; you will also need to fill in the “information to be disclosed will cover the time period from \_\_\_\_\_ to \_\_\_\_\_” in Section 4 to correspond with the signature date. The client also has the right to request a more specific expiration date or event, which must be specified on the form.

Section 7: The signature must be dated in order for the form to be valid. Also, if someone other than the client signs the form, they must check off the information regarding their relationship to the client and authority to be able to sign for this person. If the client is a minor, it is a good idea to have them sign the form also. Unless the minor is too young to be able to make a decision for himself or herself, we must respect our clients and their rights to be informed about the potential uses or disclosures of their information.

*Other important points to remember:*

- The authorization form *must be completely filled out **before*** the client is asked to sign. ***It is illegal to have clients sign incomplete or blank forms.*** By law, the client must be fully informed about the potential uses or disclosures of their personal health information. If we ask a client to sign a blank form to be filled in later, we would be committing fraud and denying our clients their basic rights.
- Program staff may type in standard information in the blanks ahead of time in order to expedite the signing or intake process. For example, you could type in the program name and X the consistently used boxes and then simply fill in the names and dates with the client at the time of signing or intake.
- If the client does not sign, make sure the person signing as their representative has the legal authority to do so. If in doubt, ask for documentation such as the court order assigning legal guardianship.
- Foster parents do *not* have the right to sign. The biological parent(s), state, or county usually maintain that right.
- Authorizations must be updated and re-signed each year. By law, we cannot give an expiration date or event such as “end of programming” or “until discharge” if it is likely the client will be in the program for longer than 12 months.
- The “For Internal Use Only” box on the back page should be used when documenting disclosures based on this authorization form, or for disclosures allowed by law in those cases where a written authorization is not completed (such as to a law enforcement agency). Whenever you send copies of records to another agency or person, you must document what was sent, to whom it was sent, who sent it, and the date and time sent. If the record request is not a usual release (i.e. sending a report to the social worker or referring agency), please contact McKenzie Scoville at (608) 785-0001, ext. 278 to make sure the request and form are valid. We must also ensure that we do not send information about others that may be in the requested records.
- All signed release forms are to be filed in the client record and copies of the signed forms should be offered to the client or parent/guardian.