

## **(SS-6) AUTHORIZATION FOR THE RELEASE OF MEDICAL/HEALTH INFORMATION**

### **PURPOSE:**

This form is used by Children's Division Staff to acquire authorization from an individual or that individual's parent, guardian, legal representative or personal representative, for "DSS to disclose" to others or "other entities to disclose to DSS" the protected health information of the individual. This may include information pertinent to case management; care or treatment; court or custody matters; or active or potential resource providers applying for licensure or re-licensure. This information may include, but is not limited to physical or mental health information in the form of records, reports or other documents or verbal communication. Authorization is not required if the disclosure is for the purpose of treating the individual, making or receiving payment for health care.

### **NUMBER OF COPIES AND DISTRIBUTION:**

This form is printed on three part NCR paper so that the party giving authorization and the holder of the record may receive a copy of the release and a copy can be filed in the case record. Children's Division staff must use **one SS-6 to get authorization to receive information** from another entity, agency or individual and use **another SS-6 to share or disclose information** to another entity, agency or individual for the purpose of care and treatment.

### **INSTRUCTIONS FOR COMPLETION:**

***Name of Consumer, Guardian, Legal or Personal Representative*** – Name of authorizing party.

***Name of Entity, Agency or Individual Holding Records*** – Name of agency/agency representative or individual who has the information or records that is requested to be released or disclosed.

***Name of Entity, Agency or Individual Intended to Receive the Information*** – Name of agency/agency representative or individual who will receive the requested information or records.

**Note:** Children's Division may be the *holder of the records* or may be *requesting the information or records*.

**Name, Date of Birth, Social Security Number, Address or other ID** – information identifying the subject of the information or record requested or disclosed.

**Specific Information to be Disclosed is (Check all that Apply)** – check the appropriate box that describes the nature of the information requested or a separate description if the boxes don't apply. Staff should check "other" and specify when the information requested is related "substance abuse treatment" or treatment related to HIV.

**For the Following Date(s)** – The requested information may be limited to a specific time frame or may be all information regardless of when it was created. List dates, or a period of time

which applies to the information/records being requested. (example: 06/15/03 to 08/15/05 or 01/15/05 to present...etc)

**Expiration Date: The Authorization is good until the date(s) \_\_\_\_\_ or for one year from the date signed.** – Enter the date that this authorization expires or it will expire automatically one year after the authorization is signed. It is acceptable to reference an expiration event like the "conclusion of this case" which may not be precisely known when the authorization is completed. A new authorization would have to be filled out and signed after that time.

**Signature:**

Prior to the authorizing party signing the form, staff should give them an opportunity to review **“Your Rights with Respect to this Release”** on the back side of this form as well as what has been filled out by the worker on the front side.

**Signed, Description of Authorizing Party, Address and Date** - The authorizing party if agreeable to the terms of the form will sign; check the appropriate box describing the relationship to the subject of the information; put the date signed; and fill out their address or the address of the agency represented. For individuals other than the individual them self, they will need to submit proof of their status (court order, signed document, contract etc).

**Distribution:** The canary colored copy should be given to the authorizing party, the white (original) should be given to the holder of the records and the pink copy should be filed in the case record.

**INSTRUCTION FOR RETENTION:**

This form should be kept until the entire case is destroyed.

**MEMORANDA HISTORY:** [CD06-27](#)