

Instructions for Completing the Treatment Court Program Authorization for Use and Disclosure of Information

SECTION "A"

Legal Last Name	<ul style="list-style-type: none"> ● For clarity, please print information ● Use a separate form for each member of the family
First Name	<ul style="list-style-type: none"> ● For clarity, please print information ● Use a separate form for each member of the family
Middle Initial	<ul style="list-style-type: none"> ● For clarity, please print information
Date of Birth	<ul style="list-style-type: none"> ● Month/day/Year 00/00/0000
Other Names Used by Client/Applicant	<ul style="list-style-type: none"> ● 1bis section is for other names the individual client may be identified, such as maiden name or alias. ● 1bis section is meant for only one Person, not a family
Case ID#	<ul style="list-style-type: none"> ● Applicable case ID# will assist in case identification and decreases the possibility of confusing the client named in this document with another client of the same name.

STATEMENT

By signing this form, I authorize the following record holder (circuit court, agency, or medical or other provider) to release the following specific confidential information about me:	<ul style="list-style-type: none"> ● Inform the client of the specific information to be disclosed.
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SECTION "B"

Release From	<ul style="list-style-type: none"> ● This section is meant for one record holder name. Each source of records requires a separate authorization form. ● Record Holder name needs to be specific. "Medical Providers" in the Release From box is not adequate. ● Include both pages when sending/faxing a signed Authorization to a Record Holder. State law requires that the client receive some of the information on the second page. The Record Holder will want to know that the client has received that information.
Specific Information to Disclose	<ul style="list-style-type: none"> ● Some examples of specific information are assessments, treatment plans, results of urinalysis, psychological report, financial information, and case plans. ● Do not indicate "entire record" unless it is necessary to accomplish the purpose. (See section "C" below for definition of "Purpose".)

Mutual Exchange; yes/no	<ul style="list-style-type: none"> • If the client agrees to mutual exchange, the exchange needs to stay within the purpose and specific information stated on the form. • Mutual Exchange creates the opportunity to ask clarifying questions about the specific information identified on the form. • Mutual Exchange does not open all records for discussion between the record holder and the record requester. • Only if Mutual Exchange is acknowledged with a "yes" can information flow both ways.
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STATEMENT

<p>If the information contains any of the types of records or information listed below, additional laws relating to use and disclosure may apply. I understand that this information will not be disclosed unless I place my initials in the space next to the information.</p>	<ul style="list-style-type: none"> • Explain to the client that there are very strict state and/or federal confidentiality laws to protect these sensitive records. • Even if the "Specific information to be Disclosed" section notes the sensitive records being requested, the lines in this statement must be initialed.
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SECTION "C"

Release To (address required if mailed) if releasing to team members, list members	<ul style="list-style-type: none"> • The client must be given the option to complete a separate form for each partner or to refuse disclosure to a particular partner on the list. • Record holders may have their own procedures on mailing or faxing requested records. When requesting that the records be faxed, also include, whenever possible, the address for the records to be mailed.
Purpose (printed)	<ul style="list-style-type: none"> • Eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the drug treatment court programs' monitoring criteria.
Expiration Date or Event*	<ul style="list-style-type: none"> • "Event" is separation from the treatment court program.

STATEMENT

Cancellation and Re-disclosure	<ul style="list-style-type: none"> • See further clarification on Page 3.
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SECTION "D"

Full Signature OR authorized Personal Representative	<ul style="list-style-type: none"> • A client or authorized personal representative should never be asked to sign a blank or incomplete authorization form. • Signature of both personal representative and the individual are not required.
Relationship to client	<ul style="list-style-type: none"> • For clarity, print this information
Name of Staff Person	<ul style="list-style-type: none"> • For clarity, print this name.
Initiating Agency/Location	<ul style="list-style-type: none"> • For clarity, print this information.
Date	<ul style="list-style-type: none"> • Month/Day/Year 00/00/0000

Signature and Printed Name of Agency Staff Person Providing this Copy.	<ul style="list-style-type: none"> ● Agency staff signature certified that this is a true copy of the original Authorization document. ● DO NOT SIGN THE ORIGINAL AUTHORIZATION. Make a copy, and sign the copy before mailing or faxing.
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Instructions for Page Two (2)

Voluntary Signature	<ul style="list-style-type: none"> ● Client signature is voluntary; therefore the client may decline to sign this authorization form. ● Refusal to sign or a decision to revoke the authorization will result in termination from the treatment court program.
Cancellation (Revocation)	<ul style="list-style-type: none"> ● Inform the client of the right to cancel (revoke) the Authorization. ● Revocation can be oral or in writing.
Minors	<ul style="list-style-type: none"> ● Program or subject-specific state laws may impact decisions about Authorization forms signed by minors.
Re-disclosure	<ul style="list-style-type: none"> ● Federal and state regulations prohibit make any further disclosure of Alcohol/Drug information. ● State law also prohibits further disclosure of mental health, vocational rehabilitation, and developmental disability treatment information from publicly funded programs without specific written authorization. ● The federal HIPAA Privacy Rule states that more stringent (Strict) State or Federal law should be followed. In the case of re-disclosure, there are both federal and state laws that are more stringent than HIPAA.

General Comments

Both Pages: Include both pages when sending/faxing a signed Authorization to a Record Holder. State law requires that the client receive some of the information on the second page. The Record Holder will want to know that the client has been made aware of that information.

Form Completion

Common Mistakes made when c ompleting an Authorization Form.

1. Writing illegibly. **If** your handwriting is difficult to read, print or type the information onto the form.
2. Requesting that records be sent to you but not providing a mailing address or fax number to a Record holder.
3. Mailing or faxing only one page of the Authorization form. The revised Authorization form is two pages long, and both pages must be included when mailed or faxed.
4. Asking the client to sign an Authorization form that has not been completed. Clients have the right to be fully informed about what they are signing and what that will mean to them.
5. Being too general in the "Specific Information to be Disclosed" or the "Purpose" section.
6. Not including the Date of Birth in order to more easily identify the individual.
7. Signing the original Authorization to certify that it is a true copy, rather than signing a copy.
8. Having someone without sufficient authority sign the Authorization on behalf of the client.