

# Authorization for Sharing Health Information

## Frequently Asked Questions

**Q: What is an *Authorization for Sharing Health Information* form?**

It is a form used to request the written or verbal release of a youth's protected health information (PHI) from PerformCare. By completing this form, the individual allows PerformCare to share their PHI with a specific person or organization they list. This form also has instructions on revoking an existing request, setting an expiration date on the request, and identifying a personal representative with legal documentation.

**Q: Why would I need to complete an *Authorization for Sharing Health Information* form?**

PerformCare will require a completed Authorization for Sharing Health Information form if you are making a request for paper documents (such as treatment plans, assessments, evaluations, etc.), changing information on an existing Authorization for Sharing Health Information form, making a verbal request for information in a youth's record, or completing an application for eligibility for developmental disability services.

If you are a parent/caregiver calling on behalf of a youth 18 years or older, the youth must give the call center verbal consent to speak with you. This verbal consent is valid for 24 hours.

**Q: How can I access or receive the *Authorization for Sharing Health Information* form to complete it?**

The form is available to download on the PerformCare website: [www.performcarenj.org/families/forms.aspx](http://www.performcarenj.org/families/forms.aspx). You can also receive it electronically (by email) or by mail on request.

**Q: Does the *Authorization for Sharing Health Information* form give me permission to act on behalf of my youth with disabilities?**

No, the Personal Representative section of the Authorization for Sharing Health Information form only authorizes the sharing of PHI.

In order for anyone to act on behalf of a youth or have unlimited access to their health information, you will need to do the following:

- Complete the separate Personal Representative Request Form. This form is available on the PerformCare website: [www.performcarenj.org/families/forms.aspx](http://www.performcarenj.org/families/forms.aspx).

You must submit the proper legal documentation for either option.

**Q: What kind of legal documentation would be appropriate?**

Power of attorney, legal guardianship, custodial order, executor of estate, etc.

**Q: How will I know if there is a problem with my *Authorization for Sharing Health Information* form?**

You will receive a letter or a phone call from PerformCare with an explanation to resolve an issue.

**Q: How do I revoke an existing *Authorization for Sharing Health Information* form?**

Send a written revocation request to the following address:  
PerformCare NJ, 300 Horizon Drive, Suite 306, Robbinsville, NJ 08691

Please note: Forms in other languages are also available at [www.performcarenj.org/families/forms.aspx](http://www.performcarenj.org/families/forms.aspx).

## Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare reduces language barriers to accessing services through the New Jersey Children's System of Care by:

- Providing free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
  - Telecommunication devices such as Device for the Deaf (TDD) and Text Telephone (TTY) systems to enable individuals who are deaf, hard of hearing, or speech-impaired to use the phone to communicate.
- Providing language services at no cost to people whose primary language is not English, such as:
  - Qualified interpreter services.
  - Information written in other languages.

If you need these services, contact PerformCare at **1-877-652-7624** or [TTY (for the hearing impaired) **1-866-896-6975**]. We are available 24 hours a day, seven days a week.

If you believe that PerformCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can submit a complaint by mail or phone, by either calling PerformCare's Quality department at **1-877-652-7624** or by writing to:

PerformCare  
Attn: Quality Department  
300 Horizon Center Drive, Suite 306, Robbinsville, NJ 08691

If you need help filing a complaint, PerformCare's Quality department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F, HHH Building  
Washington, DC 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language interpreter services

## Attention: If you do not speak English, language assistance services are available to you at no cost. Call 1-877-652-7624 (TTY 1-866-896-6975).

**Spanish:** Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-652-7624 (TTY 1-866-896-6975).

**Portuguese:** Atenção: Se fala português, encontra-se disponível serviço gratuito de intérprete pelo telefone 1-877-652-7624 (TTY 1-866-896-6975).

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-652-7624 (TTY: 1-866-896-6975).

**Haitian Creole:** Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-652-7624 (TTY: 1-866-896-6975).

**Chinese Mandarin:** 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: 1-877-652-7624 (TTY 1-866-896-6975)。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-652-7624 (TTY 1-866-896-6975) 번으로 전화해 주십시오.

**Bengali:** লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৬৫২-৭৬২৪ (TTY 1-866-896-6975)।

**French:** Attention : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-652-7624 (TTY 1-866-896-6975).

**Vietnamese:** Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-652-7624 (TTY 1-866-896-6975).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-652-7624 (TTY 1-866-896-6975) पर कॉल करें।

**Chinese Cantonese:** 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-877-652-7624 (TTY 1-866-896-6975)。

**Polish:** Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-652-7624 (TTY 1-866-896-6975).

**Urdu:**

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-652-7624 (TTY: 1-866-896-6975)۔

**Turkish:** Dikkat: Türkçe konuşuyorsanız dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-652-7624 (TTY 1-866-896-6975) numaralı telefonu arayın.

**Russian:** Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-652-7624 (TTY 1-866-896-6975).