Authorization for Disclosure of Health Information Form - Frequently Asked Questions

Q: What is an Authorization for Disclosure of Health Information form?
A: It is a form used to authorize the disclosure of an individual’s protected health information (PHI) and releasing it either physically or verbally. 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, identifying a personal representative with legal documentation.

Q: Why would I need to complete an Authorization for Disclosure of Health Information form?
A: PerformCare may ask you to complete a Authorization for Disclosure of Health Information form if you are making a request for paper documents (such as treatment plans, assessments, evaluations etc.), changing information on their existing disclosure request, making a verbal request for information in a youth’s record, or completing an application for eligibility for developmental disability services. Also if you are a parent calling about a youth or you are a youth 18 years old or older calling for yourself, and you need someone to speak for you (also called a third party), an Authorization for Disclosure of Health Information form must be completed before we can speak to that person.

Q: How can I receive this form to complete it?
A: You can receive it electronically (by email) or by mail on request. It is also available for download on the PerformCare website.

Q: Does the Authorization for Disclosure of Health Information form give me permission to act on behalf of my youth?
A: In order for anyone to act on behalf of a youth, you will need to do the following:

- Complete the Personal Representative section of the Authorization for Disclosure of Health Information form
- OR complete the Personal Representative form
- With either you must submit the proper legal documentation

Q: What kind of legal documentation would be appropriate?
A: Power of attorney, legal guardianship, custodial order, executor of estate, etc.

Q: If I check “Entire Record”, will that also include all records listed under “Special Records”?
A: No. If you want any records listed under “Special Records”, you will need to check/initial those boxes accordingly.

Q: If I do not initial the box next to “Special Records” but check the box, can PerformCare release the records?
A: No. You must both check and initial the box for it to be considered “complete”.

Q: How will I know if there is a problem with my form?
A: You may receive a letter or a phone call from the Consent Processing Team with an explanation to resolve an issue.

Q: How do I revoke an existing Authorization for Disclosure of Health Information form?
A: Send a letter making the revocation request to: PerformCare Consent Processing Center, P.O. Box 7092, London, KY, 40742-7092