Authorization for Sharing Health Information Form - Frequently Asked Questions

PerformCARE®

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

A: It is a form used to **authorize the sharing 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 Sharing Health Information* form?

A: PerformCare may ask you to complete an 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 their existing sharing request, 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 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 Sharing Health Information* form must be completed before we can speak to that person.

Q: How can I receive this form to complete it?

A: The form is available for download on the PerformCare website here: 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?

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 Sharing Health Information* form **OR** complete the separate Personal Representative Representative Form. Both forms are available on the PerformCare website: www.performcarenj.org/families/forms.aspx.
- With either form, 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 will 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 Sharing Health Information* form?

A: Send a letter making the revocation request to: PerformCare Consent Processing Center, P.O. Box 7092, London, KY, 40742-7092

Please note: Forms in Spanish are also available at www.performcarenj.org/espanol.