Authorization for Sharing Health Information Form - Frequently Asked Questions

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.