

## 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 an 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