

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, authorize
(Name of Applicant)

- 1) _____,
(Name of program/facility making disclosure)
- 2) _____,
Name of RBHA, if not the program listed above
- 3) AHCCCS,
- 4) KidsCare,
- 5) the Department of Economic Security /Family Assistance Administration (DES/FAA), and
- 6) the Department of Economic Security / Disability Determination Services Administration (DES/DDSA)

to disclose to and communicate to one another the following information:

_____ Medical Records, including records that support the SMI Determination Summary.

_____ Demographic and financial information.
Consumer Initials

The purpose of these disclosures is to enable the recipients of this information to evaluate my eligibility for medical benefits through AHCCCS.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and that I must give permission for records to be released. I understand that my records are being forwarded to the aforementioned parties and the records may contain information about alcohol and drug use/abuse and authorize the release of these records.

I understand that I may revoke this consent at any time except to the extent that action has been taken, and that in any event this consent expires automatically six months from the date of signature.

Date	Signature of Applicant
Date	Signature of parent, guardian or authorized representative when required

Notice to Recipient of Medical Records

The content of the medical records for this person may contain information about the use/abuse of drugs and alcohol. This information is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information except to those identified above unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.