



PO BOX 2828, Lubbock, TX 79408

Authorization & Consent for Disclosure of Information

I hereby authorize the StarCare Specialty Health System to: release exchange receive

Information concerning: **Consumer Name:** _____

Center Case #: _____ **DOB:** _____ **Social Security #:** _____

to with from: _____
Name of Person, Organization or Agency Relationship to Consumer

Address of Person, Organization or Agency
(_____) _____
Telephone Number City State Zip Code

The information released may include: (please check all that apply)

- Treatment Progress
- Academic Progress
- Social History
- Other (specify): _____
- Medical Treatment
- Treatment summary
- Diagnosis
- Psychological Evaluation
- Psychiatric Evaluation
- Emergency Information only

Regarding my education, treatment, hospitalization, and/or outpatient care for my condition, including (please check all that apply):

- Psychological or Psychiatric Impairment
- Intellectual & Developmental Disabilities
- AIDS (Acquired Immune Deficiency Syndrome)
- Other (explain) _____
- Substance Abuse
- HIV antibody testing & treatment
- ARC (AIDS Related Complex)

I understand that the disclosure is made for the following purpose(s): Continuity of Care
 Assistance with Community Resources Other: _____

I acknowledge that my information and assessment may be shared in the LTSS Portal to screen for other services which I may be eligible. I understand that I will have the opportunity to decline to have my information and assessment shared for this purpose.

Accept Decline

I can revoke this consent at any time. However, any information that was released prior to the revocation is considered to have been released with my full consent. Unless I revoke this consent earlier, it will expire on:

Date, Event or Condition (Not to exceed one year)

I have been made aware that information about me may be transmitted electronically, i.e. FAX, e-mail etc. It has also been explained to me that this information will be disclosed in conformity to confidentiality rules established by CFR 42, part II; CFR 45, part 160 & 164; 42 USC and/or the Texas Health and Safety Code, Chapter 611. Re-disclosure of this information may be made only with my written consent. Unless revoked, this consent remains valid even if I transfer between program areas within the Center, i.e. inpatient to outpatient, mental health to intellectual & developmental disabilities or to substance abuse services.

Consumer's Signature Date Witness Signature Date

Signature of Person legally authorized to give Consent Date Second Witness Signature, if needed



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While we recognize your right to confidentiality, protected by the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws, and will make every effort to ensure that information about you is shared only with your permission, there are circumstances where the law allows/directs us to disclose information without your authorization. We can disclose information to:

- a. medical or law enforcement personnel if there is imminent danger that you could cause physical harm to yourself or others, or if there is a probability of imminent mental or emotional injury to you by others;
- b. medical personnel to the extent necessary to meet a medical emergency;
- c. personnel legally authorized to conduct investigations concerning complaints of abuse or denial of rights (Advocacy, Inc; Texas Department of Family and Protective Services (DFPS); Adult Protective Services (APS); Children Protective Services (CPS));
- d. designated persons or personnel of a correctional facility in which you may be detained, if the disclosure is for the sole purpose of providing treatment and health care to you;
- e. an attorney ad litem who has been appointed to act in your behalf should you have become incapacitated;
- f. personnel of the institutional and pardons and parole division of the Texas Department of Criminal Justice, local jails regulated by the Commission on Jail Standards, Texas Correctional Office on Offenders with Medical or Mental Impairments, Texas Commission on Alcohol and Drug Abuse, Texas Rehab Commission, and the Texas Department of Human Services, if you are a "Special Needs Offender" and if the information is disclosed for the purpose of continuity of care.

Additionally, if we receive a legally executed subpoena (for Mental Health or Intellectual & Developmental Disabilities) or a court order (for Substance Abuse Services) we are legally obligated to release the requested information.

The above information is not intended to be all-inclusive, please check your Consumer Rights Handbook or talk to the Center's Consumer Relations Staff or your care provider if you have any questions concerning your right to confidentiality.