

Authorization for Release of Medical Records and Information

Full Legal Name: _____ DOB: _____
MM/DD/YYYY

Current Address: _____
Street City State Zip Code

Telephone #: _____
(Home) (Work) (Cell)

I authorize the following Health Care Provider(s) to release the Protected Health Information (PHI) from the medical records for the individual named above: _____
Name of Health Care Provider and/or Affiliates

Information is to be **RELEASED TO**: NH Department of Health & Human Services (DHHS)
Disability Determination Unit, NH Title XIX Fiscal Agent
PO Box 2090
Concord, NH 03302-2090

PURPOSE OF DISCLOSURE: Disability Determination for NH's medical and cash assistance disability programs. I understand that medical records and information are necessary for my eligibility determination. I understand if I do not authorize the release of my medical records and information I may not be able to demonstrate that I qualify for medical and cash assistance benefits under one of NH's disability programs. I authorize PHI and information obtained by this release to be reviewed and exchanged between DHHS and the Social Security Administration (SSA) and/or Vocational Rehabilitation (VR) for the purposes of determining eligibility. I understand that the PHI released or disclosed to DHHS may be re-disclosed for the purpose of these determinations, and no longer protected by federal privacy regulations, such as HIPAA. The records and information obtained by this release will not be otherwise re-disclosed without my additional specific written authorization

TIME FRAME: Please include records and information for past two (2) years and up to twelve (12) months after the date of signature.

AUTHORIZATION: I voluntarily authorize and request disclosure of (including paper, oral, and electronic interchange):

1. All my PHI from medical records, all education records and information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work and copies of any educational test or evaluation and any other records, observations and evaluations of teachers that evaluate function or document teachers' observations and evaluation.
2. I specifically authorize release all records and other information regarding any treatment, hospitalizations, and outpatient care indicated below, if it exists:
 - Yes** Psychological, Psychiatric, Not "psychotherapy notes" as defined in 45 CFR 164.501;
 - Yes** Gene related impairment(s) including genetic test results
 - Yes** Sickle cell anemia
 - Yes** The presence of communicable or non-communicable disease; and
 - Yes** Tests results for or records for HIV/AIDS
3. I specifically authorize release of any of substance use disorder (SUD) records protected by federal law.
 - Yes**

By checking "Yes" DHHS will receive SUD records from the listed provider about a diagnosis, treatment, or referral for treatment in the medical record. I understand that SUD records are protected by federal law, 42 CFR Part 2, and if released to DHHS may not be re-disclosed with others without my express written consent, except as needed for eligibility reviews by the specific disability programs above.

REVOCATION: I understand that I may revoke this authorization by notifying DHHS in writing, to the above-noted address, at any time, except to the extent that the authorization has already been used to request information prior to my revocation.

EXPIRATION: This authorization expires 12 months after the date of the signature below.
I have read this form and agree to the disclosures above from the types of sources listed above.

Signature: _____ Date: _____

Authority of representative: Parent of minor Guardian DPOA Other: _____

NOTE: Copies of applicable documentation for the Legal Representative's authority MUST be attached.

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law