

FOR SENSITIVE DIAGNOSIS ONLY

AUTHORIZATION FOR RELEASE OF INFORMATION

ANY USE AS AN AUTHORIZATION TO USE OR DISCLOSE PSYCHOTHERAPY NOTES MAY NOT BE COMBINED WITH ANOTHER AUTHORIZATION EXCEPT ONE TO USE OR DISCLOSE PSYCHOTHERAPY NOTES.

**INSTRUCTIONS FOR COMPLETING AUTHORIZATION FOR
RELEASE OF INFORMATION SENSITIVE DIAGNOSIS FORM**

GENERAL INSTRUCTIONS - this form needs to be completed only when a beneficiary wishes to have their Personal Health Information released to another person or organization, outside of routine treatment, payment and operations.

1. Please **PRINT** information in black pen so it is easy to read.
2. Do not skip any steps. Fill all information in as completely as possible.
3. When selecting the types of records you want disclosed, you may only check **ONE BOX PER FORM**. Each type will require a separate form, and each form must be completely filled out and signed.

SPECIFIC INSTRUCTIONS FOR FILLING OUT THE AUTHORIZATION

1. Beneficiary name – your name
2. Beneficiary street, city, state, zip – your address
3. Sponsor ID Number – the social security number of the military member
4. Beneficiary social security number – your social security number
5. Choose the type of record you are authorizing to be disclosed. **REMEMBER YOU CAN ONLY CHECK ONE BOX PER FORM.** Each additional request type will require a separate form.

If you choose Mental Health Records or Alcohol & Drug Abuse Records, please fill in the Nature of Information section, and be as limited as possible. Use specific descriptions such as:

Claims information from _____ to _____

Records from _____ to _____

Appeal/review information from _____ to _____

All claims information

Complete record set

All appeal/review information

6. Information Disclosed to - State the complete proper name of the person or organization you are requesting receive your personal information, and their address.
7. Purpose for the disclosure – choose the reason for the information being disclosed:

Personal use

Insurance Claims

Continued medical care

Retirement/Separation

School

Legal

Other – If you choose Other, use specific descriptions such as:

Evaluation of fitness for duty

Case Management

Coordination of Care

If signed by legal representative, please provide representative documentation as required by state law, i.e. Power of Attorney, Health Care Surrogate, Living Will or Guardianship papers.

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8. Authorization Expiration Date – We recommend authorizing for no more than three (3) years in the future; however, any future date is accepted. If the expiration date is left blank, the authorization for release of information will be valid for one (1) year from the date the form was signed. PLEASE NOTE: If you are a minor child, the expiration date cannot exceed your eighteenth (18) birth date, at which time a new authorization will need to be completed, if desired.
9. You must sign and date the form.
10. If you are a parent/Court appointed guardian of a minor child, your signature is required together with that of the minor child. If you are a Court appointed guardian of a disabled adult or an authorized representative acting on behalf of a physician certified incapacitated beneficiary, your signature is required, as the beneficiary's authorized representative. A complete copy of any legal documents, and if applicable, a certified physician statement granting you the authority to act on this individual's behalf will need to be attached to the form.

Certain privacy protections have been put in place to protect patients when seeking health care services. Many state laws differ from one another concerning these privacy rules.

Various states allow a beneficiary, younger than age 18, to seek health care services regarding sensitive diagnosis; such as, Pregnancy and Birth Control, Abortion, AIDS and STDs, Mental Health and Alcohol and Substance Use, without the consent of a parent or Court appointed guardian.

Therefore, in order to speak with a parent or guardian about such services, an Authorization for Release of Information for Sensitive Diagnosis Only form **must** be signed and received from the beneficiary prior to any sensitive health information being disclosed.

If signed by legal representative, please provide representative documentation as required by state law, i.e. Power of Attorney, Health Care Surrogate, Living Will or Guardianship papers.