



PartnerSolutions Health Informatics

RELEASE OF INFORMATION FOR PARTNERSOLUTIONS HEALTH INFORMATICS CONSORTIUM (PSHIC)

I, _____ authorize _____
Name of Client Agency Name

and the other members of the PartnerSolutions Health Informatics Consortium, as listed on the back of this form, to communicate with and disclose to one another the following information about me:

- _____ My name, contact information and other personal identifying information
- _____ My status as a services recipient
- _____ Initial and subsequent evaluations of my service needs
- _____ Medications and allergies
- _____ My treatment history, including mental health and alcohol/drug services
- _____ Discharge plans and outcomes
- _____ Enrollment, eligibility and payment information

The purposes of this exchange of information is to enable the members of PSHIC to better evaluate my need for services, to enable the coordination of services provided to me, to allow for billing and payment of those services and to enhance the care that I receive. All disclosures will be limited to the information necessary to fulfill these purposes.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), CFR Parts 160 & 164, and cannot be re-disclosed to a third party without my written authorization unless permitted by the regulations. I also understand that my mental health treatment records are protected by HIPAA but if the recipient of my information is not subject to HIPAA, they may no longer be protected by state or federal law and therefore subject to re-disclosure by a third party.

I understand that I may revoke this authorization at any time, except to the extent that the entity(ies) authorization to make the disclosure has taken action in reliance on it, and that in any event this authorization expires automatically when I am no longer receiving services from any member of PSHIC and no longer have an active case record.

I understand that I may refuse to sign this authorization, if it is for purposes other than alcohol and/or drug treatment and payment for that treatment, and that my refusal to sign it for other purposes will not otherwise affect my ability to obtain treatment, my eligibility for benefits, or the payment provided for those services. I understand that refusing to sign this form does not prohibit disclosure of my health information that is otherwise permitted by law without my specific authorization or permission.

Signature of Client/Legal Representative

Date

Client Date of Birth

Printed Name and Authority of Person Signing on Behalf of Client (if applicable)

NOTICE TO RECIPIENTS OF ALCOHOL AND/OR DRUG TREATMENT INFORMATION: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed 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 (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.

ASHTABULA COUNTY:

- **Ashtabula County Mental Health and Recovery Services Board** - 4817 State Road, Suite 203, Ashtabula, Ohio 44004
- **Lake Area Recovery Center**- 2801 C Court, Ashtabula, Ohio 44004

JEFFERSON COUNTY:

- **Jefferson Behavioral Health System** - 380 Summit Avenue. Steubenville, Ohio 43952

MONTGOMERY COUNTY:

- **ADAMHS Board for Montgomery County** - 409 E. Monument Avenue, Suite 102, Dayton, OH 45402
- **Addiction Services** - 1 Elizabeth Place SE 3rd Floor, Dayton, OH 45417
- **Nova Behavioral Health, Inc.** - 732 Beckman Street, Dayton, Ohio 45410
- **PLACES Inc.** - 11 West Monument Ave, 7th Floor, Dayton, OH 45402
- **Project Cure, Inc.** - 1800 North James H. McGee Blvd., Dayton, Ohio 45417

PORTAGE COUNTY:

- **Mental Health & Recovery Board of Portage County** - 155 E. Main Street, PO Box 743, Kent, Ohio 44240
- **Townhall II** - 155 N Water St, Kent, Ohio 44240

STARK COUNTY:

- **Stark County Mental Health & Addiction Recovery** - 121 Cleveland Avenue SW, Canton, Ohio 44702
- **Child and Adolescent Behavioral Health** - 919 Second Street NE, Canton, Ohio 44704
- **CommQuest Services, Inc.** - 625 Cleveland Avenue NW, Canton, Ohio 44702
- **Crisis Intervention and Recovery Center, Inc.** - 832 McKinley Avenue NW, Canton, Ohio 44703
- **Domestic Violence Project, Inc.** - PO Box 9459, Canton, Ohio 44711
- **Stark County TASC** - 1375 Raff Road SW, Canton, Ohio 44710

TRUMBULL:

- **Trumbull County Mental Health and Recovery Board** - 4076 Youngstown Road SE, Suite 201, Warren, Ohio 44484
- **Homes for Kids** - 165 E. Park Avenue, Niles, Ohio 44446

WAYNE/HOLMES COUNTIES:

- **Mental Health & Recovery Board of Wayne & Holmes Counties** - 1985 Eagle Pass Drive, Wooster, Ohio 44691
- **Anazao Community Partners** - 2587 Back Orrville Road, Wooster, Ohio 44691