



PLAN of AZ

Planned Lifetime Assistance Network
Planning • Trust • Care

Consent to Release Protected Health Information (PHI)

Protected Health Information (PHI) means your health information. Federal and state laws protect the privacy of your PHI. The laws say we cannot give anyone other than your doctors and others who may be taking care of you your PHI unless you give permission. By signing this paper, you give your approval. We will only give out the PHI that you say we can share. We will only give it to the people or agencies that you list. Do you have any questions? We can help, call PLAN of Arizona at 602-602-759-8180.

Part 1- Who is the client?

Last name: _____ First Name: _____ Middle Initial: _____

SSN: _____ Date of Birth: _____

Phone Number (with area code): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check one: I am the client
 I have the legal right to act for this person, I'm his/her: _____

Part 2- Who Can Give Out the PHI?

PLAN of Arizona, Inc., manages your SNT support services when your parents are no longer able to do so, or you are on the Pay-As-You-Go Program and we are providing active services with your parent's or guardian's permission. PLAN of Arizona, Inc., may give out your PHI. If you want someone else to give out your PHI, name them:

Part 3- To Whom Can the PHI be Given?

Name: (a person or a place of business): _____

Phone Number (with area code): _____

Address: _____

City: _____ State: _____ Zip Code: _____



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Part 4- What PHI Can We Share?

We will only share the PHI that you approve. *Tell us the type of PHI by checking the box.*

PLAN of Arizona, Inc. *does not share other information* unless you give your specific request. A second form has to be completed for this to happen.

Note: Government rules (HIPPA) require a separate form to be filled out in order to share other medical records, third party information that PLAN did not generate, and psychotherapy notes.

- Any and all medical, financial, and legal specific information in order to conduct day to day operations representing trust client in order to provide enhanced support services.
- Appeals and Grievance Records
- Medication logs
- Test/Lab Results
- PLAN Advocacy records
- Financial Records of Trustee (FIB&T)
- PLAN Case Management notes
- PLAN financial disbursement records

Part 5- Why Are You Giving Out This PHI?

Tell us why you want us to share this PHI? _____

Part 6- When Does My Approval End?

Your approval will end *when* you tell us it does. Pick one of the following options:

- _____ My approval ends on this date (*No more than one year from your approval*)
- My approval ends when this happens: _____
*Example: "You can share my medical records this one time only."
If you do not designate an end date, your approval will end in one year from when you sign, at which point a new approval will be required for any future release of your PHI.)*



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Part 7- Your Rights and Important Facts

- Giving your approval is up to you. You do not have to share your information.
- You will still get benefits and treatment even if you do not give us your approval to share your PHI.
- You can take back your approval. You must tell us in writing. If you cannot manage this, call your case manager, and he/she will help you write out your letter taking back your permission, and help you mail it to PLAN of Arizona Inc.
- What if you take back your approval? This will not take back the PHI that we have already shared. But, we will not share any more of your PHI.
- If we share your PHI with the people or agencies that you named, they may share it with others only if allowed under the HIPPA rules.
- You have a right to and are encouraged to get a copy of this signed approval. If you need another copy, please call PLAN of Arizona, Inc., at 602-759-8180.
- HIV/AIDs and other communicable disease information cannot be shared with others unless you specifically approve them to share it or as permitted by the HIPPA rules.

Part 8- Signature of the Client

I give my approval to share the information listed

Signature of Client

Date

Signature of Person Signing on Behalf of Client

Date

Printed Name: _____

Witness: _____

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Get a copy of this signed paper. Protected Health Information (PHI) means any of your health information in the past, present, or future. A full definition of PHI is located 45 CFR 160.103.

NOTICE TO ANYONE OTHER THAN THE CLIENT

This information has been disclosed to you from our records, to which the confidentiality may be protected by federal and state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse records (45 CFR Part 2) or under state statute of confidentiality of HIV/AIDS and other communicable disease information (A.R.S. 36-664(H)), you are prohibited from making any further disclosure of this information 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 and A.R.S. 36-664 (H). 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.