

Oregon MothersCare Authorization for Release of Information



To our clients: By signing this form, you are giving us permission to exchange referral and all other information with the agencies, programs, or services listed below.

Legal Name: _____
Last First Middle Initial

I authorize _____ to release referral and other information to:
 Oregon MothersCare Site

Client Initial		
		M.D./Provider <i>Print full name and address of M.D. or provider in space below:</i>
		_____ County Health Department Name of County
		WIC
		OMAP / Oregon Health Plan

I agree that the agencies/programs/services* listed above may share and exchange information about my circumstances. **Initial one:** Yes No

I can cancel this authorization for release at any time, but I understand the cancellation will not affect any information that was already released before cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so. This release of information will expire 6 weeks after my date of delivery.

 Full Legal Signature Date

 One Witness Date

*To those receiving information under this authorization: The information disclosed to you is protected by state and federal law. You may not release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains.

_____ This is a true copy of the original document.
 Full signature of agency staff person making copies

Oregon MothersCare Authorization for Release of Information



Instructions

1. The OMC worker should fill out this form for the client. Be sure the client understands it before signing. Encourage the client to ask questions about the form and what it allows.
2. **Cannot read/Cannot write:** A client may substitute a signature with making a mark or by asking someone to sign on his/her behalf.
3. This is a **Voluntary Form**. However, clients should be given accurate information on how their refusal to allow the release of information may adversely affect eligibility determination or coordination of services.
4. **Duration.** This authorization is valid for one year from date signed unless otherwise specified.
5. **Records.** This release covers information about the person signing the form.
6. **Revocation.** If the person signing later cancels this authorization, write "revoked" and the method and date of revocation boldly across the form. Date and initial it, and keep in their file. Federal regulations do not allow us to require that the revocation be in writing.
7. **Mail Requests.** If this form is being used to request information by mail, be specific about what you need. If you have a series of questions, use a cover letter. The clearer you are in your request, the more likely you are to receive a prompt and accurate response. Do not ask for information you do not need.
8. **Photocopying. Keep the original in their file** and send other agencies copies. The person making the photocopies should sign each copy at the bottom of the first page certifying it as a true copy. The agency receiving the authorization should reject it if there is not an original signature by the person who made the copy.

Special Attention:

9. **Redisclosure.** Information received under this authorization should not be redisclosed to any party not identified on this form without specific written consent. Criminal penalties may apply to illegal disclosure. Federal regulations (42 CFR part 2) prohibit you from making any further disclosures of Alcohol and Drug information and state rules OAR 333-12-270, ORS 433.045 prohibit further disclosure of HIV/AIDS information. Statutes ORS 659.700-659.720 and OAR 333-24-0500 through 0560 prohibit further disclosure of Genetics information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical information is not sufficient for this purpose.
10. **HIV/AIDS.** A general release is not sufficient. Identification of a specific individual, agency, or facility is required, including third party payers, a specific purpose for the release, and a specific time period are necessary.
11. **Genetics.** A general release is not sufficient for genetic test results but is sufficient for general historical information. OAR 333-024-0550 (Appendix 2) requires use of a specific genetic release form for disclosure or redisclosure. Provision of the specified form to the tested individual is required.