

Cook Inlet Tribal Council, Inc. / Alaska Native Justice Center / Clare Swan Early Learning Center / Get Out the Native Vote

3600 San Jeronimo Drive, Anchorage, AK 99508

Phone (907)-793-3600; Fax (907)-793-3423

Authorization to Release Personal Information Within CITC and Related Entities¹

Participant's Name: _____ DOB: _____ Month/Day/Year Last four digits of SSN: _____

Participant Parent Legal Guardian authorizes CITC and related entities to:

_____ (Initial) Release protected health and other information as indicated below. Please mark any records to be shared within CITC and related entities.

PURPOSE OF INFORMATION:

At the request of the participant for the purpose of treatment or services. I understand that although this ROI provides CITC and related entities with the authority to release my information within CITC departments and related entities, CITC policies require that only the minimum necessary information be released for the provision of services. Other specifications, if any:

AMOUNT OR KIND OF WRITTEN (W), ELECTRONIC (E) AND/OR VERBAL (V) INFORMATION RELEASED: (circle and initial) all that apply)

- W / E / V Admission Summary
W / E / V Application for Services
W / E / V Attendance/Progress Report
W / E / V Career Development Assessment
W / E / V Discharge Status
W / E / V Education Assessments*
W / E / V FAS/FASD Assessments
W / E / V Health History/Physical Records
W / E / V Household composition
W / E / V Housing
W / E / V Immunization Records
W / E / V IT/legal/accounting
W / E / V Income and Wages
W / E / V Lab Reports (OCS and PO)
W / E / V Legal History
W / E / V Medication Records
W / E / V Medication Records-Substance Abuse
W / E / V Psychiatric Evaluation
W / E / V Psychological Evaluation
W / E / V Psychosocial History
W / E / V Service Plan (non-clinical)
W / E / V Supportive Services
W / E / V Treatment Plan (clinical)
W / E / V Treatment Recommendations for Level of Care (residential or outpatient)
W / E / V Other(specify)

Psychotherapy Notes, as defined by HIPAA, CANNOT be released with this Authorization. See Psychotherapy Authorization to obtain those records. Nothing listed on this ROI is considered Psychotherapy Notes.

*I give permission for the exchange of any and all information required for these purposes, including but not limited to grades, personal information, attendance, test scores, date and place of birth, schools attended, tribal affiliation, educational barriers, applicable community agencies, information covered by the Violence Against Women Act (VAWA), and other information through Q and/or Parent Connect and other resources between CITC and related entities and ASD, and within CITC and related entities. This exchange is permissible until this release expires, even if I am no longer a student of ASD or participant of CITC. I understand that I may request a copy of the records being released at any time. (initial)

1. I understand that: (1) I can refuse to authorize the release of any personal health information (PHI); (2) I am not required to release PHI in order to ensure health care treatment, payment, enrollment, or eligibility for health care benefits; (3) I may inspect or copy the information to be used or disclosed, as provided in 45 C.F.R. § 164.524; and (4) the information released may include information regarding psychiatric treatment (except psychotherapy notes), substance use treatment/rehabilitation, medical treatment, and HIV status. I give specific authorization for these records to be used and disclosed. If I have questions about disclosure of my health information, I can contact the CITC Privacy Officer at 907-793-3403.

2. I understand that: (1) I have a right to revoke this authorization at any time; (2) if I revoke this authorization, I must do so in writing and present my written revocation to CITC for PHI records, and in writing or orally for substance use disorder treatment records; (3) the revocation will not apply to information that has already been released in response to this authorization; and (4) the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this authorization will expire on the following date: _____. If this space is left blank, this authorization will be presumed to expire two (2) years after the signature date below.

3. I understand that my alcohol and/or drug treatment/rehabilitation records (if any) are protected under the Health Insurance Portability Accountability Act of 1996 (HIPAA), and its enacting regulations, and that, depending on the nature of the record and treatment involved, my records may also be protected under the federal regulations governing confidentiality of substance use disorder patient records, 42 C.F.R. Part 2. I understand that only health information covered by 42 C.F.R. Part 2 (i.e., alcohol and drug use or treatment) will continue to be protected by law from redisclosure once it leaves CITC. However, if the information is covered only by HIPAA, it is subject to redisclosure by the recipient and may no longer be protected. I understand that my records that are subject to HIPAA cannot be disclosed by CITC or related entities beyond what is permitted under this authorization, without my written consent unless provided for by regulation.

4. I understand that information covered by VAWA may be disclosed and understand the type of information, reason for sharing and potential recipients.

5. (Initial) Check If information being disclosed is subject to 42 C.F.R. Part 2 (i.e., alcohol and substance use or treatment).

NOTICE TO RECIPIENT: PROHIBITION ON REDISCLOSURE IF BOX IS CHECKED. This information has been disclosed to you from records that may be protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from further disclosing 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 such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

By my signature below, I indicate that I have read this document or have had it read to me, I fully understand its meaning, and I consent to its terms knowingly and voluntarily.

Signature _____ Date _____

Signature of Guardian/Parent/Authorized Person _____ Relationship to Participant _____ Date _____

Printed Name _____

Signed copy received by participant: Yes No, participant declined copy.

Billing Entities potentially receiving information: AETNA; Affiliated Computer Services, Inc (Medicaid); AK PipeTrade Local 367 Health and Security; AK Electrical Health and Welfare Fund; AK HERE Health and Welfare Trust; AK Rural Employee Benefit Trust; Alaska Labors; Alaska U.C.F.W. Trust; Ameriben/IEC Group; ASE/AFSCME Local 52 Health Benefits Trust; Blue Cross Blue Shield; Chanlyut; First Choice Health PPO Plan; Great West Health Care; Health and Welfare Benefits System; Healthcomp; Maintain Health; ODS Select Network Group; PGBA/Tricare; Principal Financial Group; Providence Health Plan; PSS Health Plan Solutions; Risk Benefits Management Services; Salvation Army; SOAK Carpenters Health & Security Plan; SOA Office of Children's Services; American Postal Workers Union Health Plan; Zenith Administrators

Family Educational Rights and Privacy Act (FERPA): This Authorization to Release Personal Information within CITC is governed by The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. Part 99), which protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education, including the Anchorage School District.

¹ "CITC and related entities" include the Alaska Native Justice Center, Inc. (ANJC), Clare Swan Early Learning Center (CSELG), and Get Out the Native Vote (GOTNV)