

CITC RECORDS REQUEST/RELEASE OF INFORMATION FORM

	Participant Name: _____	Birthdate: _____									
	Other Names Used: _____										
SEND TO	I request CITC, CSELC, or ANJC send Information to this person or organization: _____ Phone: _____ <small>(Person or Organization)</small>										
	How do you want the information provided? (Select One) <input type="checkbox"/> Records will be picked up at the CITC Nat'uh Building. Phone Number to schedule: _____ <input type="checkbox"/> Verbally: Participant information may be discussed with the person/organization named above. <input type="checkbox"/> Mail to Person/Organization: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Address or P.O. Box City State Zip </div>										
	<input type="checkbox"/> *Fax to: _____ <small>*Using Fax/Email may increase certain privacy risks, including risk of accidental disclosure and cyberattack.</small>										
	<input type="checkbox"/> *Email to: _____										
INFORMATION REQUESTED	What information do you want released? Please describe: _____										
	What type of services is the information about? Please select all that apply: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Alaska Native Justice Center</td> <td style="width: 33%;">Family Wellness</td> <td style="width: 33%;">Recovery Services</td> </tr> <tr> <td>Career Development</td> <td>Financial Assistance</td> <td>Reentry Services</td> </tr> <tr> <td>Clare Swan Early Learning Center</td> <td>Youth Education</td> <td>Other: _____</td> </tr> </table>		Alaska Native Justice Center	Family Wellness	Recovery Services	Career Development	Financial Assistance	Reentry Services	Clare Swan Early Learning Center	Youth Education	Other: _____
	Alaska Native Justice Center	Family Wellness	Recovery Services								
Career Development	Financial Assistance	Reentry Services									
Clare Swan Early Learning Center	Youth Education	Other: _____									
Dates of service: <i>(optional)</i> _____											
YOUR RIGHTS	HIPAA: I have a right to: (1) receive a copy of this signed authorization upon request; (2) refuse to sign this form/authorization; and (3) inspect or copy my information. CITC may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on a decision to sign this form. I may arrange to inspect or copy information by contacting CITC. 42 CFR Part 2: Information used or disclosed under this authorization may be subject to re-disclosure and no longer protected under federal law. However, federal/state law may restrict re-disclosure of HIV/AIDS, mental health information, genetic testing information and drug/alcohol diagnosis, treatment, or referral information. Redislosure notification is included with released information where appropriate. VAWA: Information covered by Violence Against Women Act may be disclosed and I understand the type of information, reason for sharing, and potential recipients authorized in this release under this release.										
	Why are you requesting this disclosure? (Optional) <input type="checkbox"/> Personal <input type="checkbox"/> Legal <input type="checkbox"/> Care Coordination <input type="checkbox"/> School <input type="checkbox"/> Other: _____										
VALIDITY	Expiration: Authorization expires 2 years from the date signed unless another date or event is identified (optional): _____ Revocation: I understand I may revoke authorization at any time by notifying CITC. Revocation is not effective until received and is not effective for disclosures already made in reliance.										
SIGNATURE & CONTACT INFO	Relationship to Participant: Self Parent/Guardian* Legally Authorized Representative* <small>* Attach proof of relationship to the Participant of parent/guardian or legally authorized representative, if not on file with CITC.</small>										
	I authorize disclosure of the requested records and understand they may contain sensitive information.										
	Signature: _____ Print Name: _____ Date: _____										
	Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Address or P.O. Box City State Zip </div> <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____										
	Minor's Signature, if for ANJC/RS records about Minor: _____ Date: _____										
	YOU MUST SHOW OR SUBMIT A COPY OF A VALID PHOTO ID WITH THIS REQUEST										

“RELEASE REQUEST/RELEASE OF INFORMATION FORM” Instructions

CITC provides a Records Request Form to authorize the release or disclosure of Participant Information.

CITC also accepts other forms as long as they meet the legal requirements to release the records that have been requested.

The “**Participant**” section is to provide the name of the person *who the records are about*, along with their date of birth. “Other Names Used” is to list names the Participant uses or has used, such as a maiden name.

The “**Send to**” section is to provide the following information:

- “Name” of the person or organization who you would like the information to be provided to. A phone number is requested to coordinate pick up or confirm receipt.
- “How do you want the information provided?” is where you describe how you want the records sent.
- You can also check a box to allow information to be released verbally. This is if you want CITC to be able to discuss your services with another person or organization.

The “**Information**” section is for you to describe the records you want. If you check the program(s) that you need information from, then we are able to find the information more quickly. Providing specific dates allows the request to be processed faster.

If you are requesting a copy of a birth certificate or government ID: CITC may provide copies of a birth certificate, but in order to protect participants and to comply with privacy laws, we do NOT release copies of documents with home addresses (*e.g.*, driver's licenses) or social security numbers, except as required or expressly allowed by law. CITC can help you get a new ID from a government agency if you need a replacement certificate or card.

The “**Your Rights**” section provides legally required notices about your rights under federal privacy law, including HIPAA, 42 CFR Part 2, and VAWA. More information about your privacy rights is included in the CITC Notice of Privacy Practices.

The “**Why**” section is to indicate why you need the requested records. HIPAA requires that we ask this. You can select “Other” and do not need to provide additional information.

The “**Validity**” section explains your legal right to provide an expiration date or event and to revoke a release. **DO NOT USE THE DATE OF SIGNATURE AS AN EXPIRATION DATE.**

The “**Signature & Contact Info**” section is to provide the information about the person *who is requesting the records*.

- The form must be signed and dated either:
 - by the Participant (if Participant is a competent adult),
 - by a Parent/Guardian (if Participant is a minor child), **or**
 - by a Legally Authorized Representative of the Participant.
 - Also, if the records are for an ANJC-service provided to a Minor Participant, then both the Minor Participant and their Parent/Guardian must sign. Minor means a person under 18 years of age, who is not married or emancipated.
- The form asks about the relationship of the Requestor to the Participant. Unless you are an adult requesting your own records, you must provide proof of relationship or have proof on file with CITC.
 - Acceptable proof for Parent/Guardian: a birth certification, certificate of adoption, or court order.
 - Acceptable proof for a Legally Authorized Representative: a court order or power of attorney that includes responsibility related to the records requested, or designation of executorship for the records of a deceased Participant.
- A mailing address and contact information is requested in case there are questions about the request or if a request cannot be processed due to legal restrictions.

YOU MUST SHOW OR SUBMIT A COPY OF A VALID PHOTO ID WITH THE REQUEST: We care about Participant privacy. CITC verifies requestor's identity to ensure they can authorize a release. Documentation on file may be used if current.

Options for submitting completed forms: *select one*

- Self drop-off, in-person at any CITC location Email to: CITCRecords@citci.org Fax to: 907-793-3423
 Mail to: CITC Records Request, 3600 San Jeronimo Drive, Anchorage, Alaska 99508

You will receive a response within 30 days of the request.