

Form 815 (English)	COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION FOR TELEPHONIC SIGNATURES READ THE AUTHORIZATION TO DISCLOSURE VERBATIM		Authorization Page 1 of 2 Rev. 5/18/2021
Date:		Last Name:	First Name:
		Middle Initial:	
Address:		City/State:	Zip Code:
Home Number:	Cellular:	OK to Leave Message:	Language:
		Date of Birth:	
Parent/Guardian:		Case Type:	Case Number:
AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION			
I authorize the agencies initialed below to share my health care and personal information with each other. If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialed below to share that person's health care and personal information with each other. I understand that this authorization is voluntary and that I do not have to sign it.			
PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION: Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described.			
Initial Here	Aegis Treatment Center, LLC		Homeless Services:
Initial Here	Allan Hancock EOPS/CalWORKS	Initial Here	40 Prado Homeless Services Center
	Community Action Partnership of SLO (CAPSLO):	Initial Here	5-Cities Homeless Coalition
Initial Here	Child Care Resource Connection	Initial Here	CAPSLO- SSVF
Initial Here	Family Preservation/Parent Education	Initial Here	El Camino Homeless Organization (ECHO)
Initial Here	Head Start/Early Head Start	Initial Here	Good Samaritan- SSVF
Initial Here	Teen Academic Parenting Program	Initial Here	Housing Support Program (DSS & FCNI)
Initial Here	CenCal Health	Initial Here	Independent Living Resource Center
Initial Here	Community Health Centers (CHC)	Initial Here	Salvation Army
	County of SLO Health Agency:	Initial Here	Transitional Food & Shelter
Initial Here	Drug and Alcohol Services (DAS)	Initial Here	Transitional Mental Health Association
Initial Here	Mental Health	Initial Here	Hospital:
Initial Here	Martha's Place	Initial Here	Job Centers:
Initial Here	Public Health Department	Initial Here	RISE
Initial Here	Public Guardian	Initial Here	Salvation Army
Initial Here	Probation Department:	Initial Here	School District:
Initial Here	Cuesta College:	Initial Here	Seneca Family of Agencies
Initial Here	Department of Rehabilitation	Initial Here	SLO County Office of Education (SLOCOE)
	Department of Social Services (DSS):	Initial Here	Stand Strong
Initial Here	Adult Services	Initial Here	Transitional Food & Shelter
Initial Here	Child Welfare Services	Initial Here	Transitions-Mental Health Association(T-MHA)
Initial Here	Participant Services	Initial Here	Tri-Counties Regional Center (TCRC)
Initial Here	Family Resource Centers:	Initial Here	Veterans Services Department – County of SLO
Initial Here	Foster Family Agency:	Initial Here	Victim/Witness Program – County SLO D.A.
Initial Here	Family Care Network, Inc. (FCNI)	Initial Here	Other:
Initial Here	Housing Authority of San Luis Obispo (HASLO)	Initial Here	Other:
Initial Here	HMIS Database	Initial Here	Other:
Initial Here	Other:	Initial Here	Other:

*Due to COVID-19, a verbal consent, fax or scanned can be accepted with the expectation that a wet signature will be collected within 30 days. Workers must write "V" for verbal consent in the initial box and "Verbal Consent" in the client signature box.

**COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT
RELEASE OF INFORMATION****HEALTHCARE OR PERSONAL INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES**

NOTE: THIS AUTHORIZATION FORM ALLOWS DISCLOSURE OF ALL OF YOUR HEALTH AND SOCIAL SERVICES RECORDS UNLESS YOU SPECIFY A SPECIFIC LIMITATION.

The identified agencies can share any and all information from your health care records or personal records or from the healthcare records or personal records of the person for whom you are authorizing this disclosure, for the purposes listed below. The information may come from your San Luis Obispo County physical health records, mental health records, or drug and alcohol treatment records. The information may also come from your Social Services records or the records of any other agency you authorized to share your information. The information used, disclosed or shared may be written or oral, and will only include information necessary to achieve the intended purpose or referral.

Initial Here **Initial here to indicate you understand we will share your mental health information.**

Initial Here **Initial here to indicate you understand we will share your Drug and Alcohol Program Information.**

Describe the type and amount of Drug and Alcohol Program Information that can be disclosed:

<input type="text"/> Initial Here	Drug and Alcohol Test Results	<input type="text"/> Initial Here	Substance Use Diagnosis
<input type="text"/> Initial Here	Drug and Alcohol Treatment Plan	<input type="text"/> Initial Here	Drug and Alcohol Program Attendance
<input type="text"/> Initial Here	Drug and Alcohol Payment Information	<input type="text"/> Initial Here	Discussions with my Drug and Alcohol Counselor

PURPOSE AND LIMITATIONS ON THE USE OF YOUR HEALTHCARE OR PERSONAL INFORMATION

The information will be used by the identified agencies to refer you to and request services from agencies that you authorized in this document. The information may also be used to coordinate care or to coordinate services between the agencies. These services may be in areas such as health care, housing, employment, education, nutrition, parenting, child welfare, and/or other traditional social services.

This authorization to release the above information will **expire two years from the date signed** or will expire on: _____ **(Not more than 2 years.)**

I understand that:

- I understand that I have a right to receive a copy of this authorization.
- I have the right to revoke this authorization verbally, or by sending a signed notice to:
 - County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA, 93401
 - Or via e-mail at privacy@co.slo.ca.us ; or call (855) 326-9623
 - This authorization will cease on the date my valid revocation request is received. I also understand that any information released prior to a revocation of this authorization shall not be a breach of my confidentiality.
- A form known as The Notice of Privacy Practices which is given to clients who receive medical services, provides instructions should I chose to revoke my authorization and includes limitations on my revocation. I can access this notice on the internet at: <http://www.slocounty.ca.gov/Departments/Health-Agency.aspx>
- My treatment, enrollment, or eligibility for benefits will not be affected if I do not sign this authorization.
- Upon request, I may inspect or obtain a copy of the health information that I allow to be disclosed.
- Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA); for example, if I allow disclosure to a family member.
- Records and copies obtained relating to outpatient psychotherapy shall be returned or destroyed at the expiration date of this authorization except those obtained for treatment and diagnosis purposes.
- I understand that alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164, and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations.

Client Signature*:	Print Name:	Date:
Representative Signature:	Relation:	Date:
Employee Name:	Organization:	
Employee Signature:	Employee Title:	Date:

*Due to COVID-19, a verbal consent, fax or scanned can be accepted with the expectation that a wet signature will be collected within 30 days. Workers must write "V" for verbal consent in the initial box and "Verbal Consent" in the client signature box.