

Authorization for Release/Disclosure of Personal Information

Instructions to NHVR staff: Original copy to information holder. Copy to recipient of information.

I authorize: (name & address of person/organization that will release the information)

Date:

to release the information indicated below to: (name & address of person/organization to which information is to be released)

Purpose(s) of this release (check one):

- This information is being sent or requested by NHVR for purposes associated with my eligibility for the provision of vocational rehabilitation services.
- Other purpose: _____

| Type of Information | Extent of Authorization | Customer's initials | Date |
|---------------------------|-------------------------|---------------------|------|
| Medical | | | |
| Hospital Records | | | |
| Psychosocial | | | |
| Psychiatric/Psychological | | | |
| School and/or Transcript | | | |
| Alcohol and/or Drugs* | | | |
| HIV/AIDS** | | | |
| Other | | | |

Additional instructions to information holder:

| | | |
|--|--|--|
| Customer Name | Date of Birth | SS# |
| Signed (customer) X | If minor, signature of parent or guardian; conservator, if applicable X | Relationship to customer |
| <ul style="list-style-type: none"> If release is not related to my obtaining NHVR services, my refusal to sign will not affect my ability to receive services from NHVR. The recipient of this information must agree not to further disclose pursuant to this authorization, although NHVR cannot guarantee such confidentiality. This authorization may be revoked by me at any time by notifying NHVR in writing, except to the extent that action has been taken in reliance on it. Unless expressly revoked earlier, this authorization expires as noted here: | | Specify date, event or condition: <input checked="" type="checkbox"/> Closure of service record with NHVR <input type="checkbox"/> _____ |

* **Alcohol and/or drug treatment records:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you 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. 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.

** **HIV Related Information:** This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Note to Source: Information obtained may be released to the individual with valid written authorization. If your agency, or organization has established conditions under which information can be released, please forward these conditions with the documentation requested. Regulatory authority 34CFR361.38; RSA 332-I:1.

Explanation of Form Authorization to Disclose Information to NH Vocational Rehabilitation

We need your written authorization to help get the information required to process your application and determine eligibility for vocational rehabilitation services and to assist in the development and implementation of a plan for services to assist you in preparing for, obtaining, entering and/or maintaining employment. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing this form. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. Some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source that has this requirement and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already been relied on to take an action. To revoke, send a written statement to NH Vocational Rehabilitation. It is recommended that you also send a copy directly to any of your sources that you no longer wish to disclose information about you; NHVR can tell you if we identified any sources you didn't tell us about. NHVR may use information disclosed prior to revocation to determine eligibility for vocational rehabilitation services and to assist in the development and implementation of a plan for services to assist you in preparing for, obtaining, entering and/or maintaining employment. It is VR's policy to provide you with information regarding protection, use and release of personal information through appropriate modes of communication. NHVR makes every reasonable effort to ensure that the information in this form is provided to you in your native or preferred language, or format.

All personal information NHVR collects is protected by the Privacy Act of 1974. Once medical information is disclosed to NHVR, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). NHVR is authorized to collect the information by sections 7-(5) and 103(a)(1) of the Rehabilitation Act of 1973 as amended: 29 U.S.C. 706(5) and 723 (a)(1). We use the information obtained with this form to determine your eligibility for vocational rehabilitation services and to assist in the development and implementation of a plan for services to assist you in preparing for, obtaining, entering and/or maintaining employment. This use usually includes review of the information by the NHVR personnel to complete the eligibility determination and to plan for and provide vocational rehabilitation services. In some cases, your information may also be reviewed by NHVR personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely determination of your eligibility for the program or the development and implementation of a Plan for Employment, and could result in a decision of ineligibility, an interruption of your Individualized Plan for Employment or closure of your case with NHVR. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by NHVR without your consent if authorized by Federal laws such as the Privacy Act and the Rehabilitation Act. For example, NHVR may disclose information:

1. Required by Federal or State authorities, in response to investigation in connection with law enforcement, fraud or abuse and in response to a court order.
2. To protect you or others when you pose a threat to your own safety or to others
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Vocational Rehabilitation program.

NHVR will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government.

Note: Information obtained as a result of this authorization is subject to 34 CFR 361.38 (a)(2)(c) and shall be released only by, or under the conditions established by the source of the information. If you would like a copy of information obtained from a source as a result of this release, you may request that information from the source, or ask NHVR to determine the conditions established by the source for re-release. NHVR can provide you with a list of the information obtained and the source of the information.