

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

*All fields marked with an asterisk are required.
If any of these fields are incomplete, the form will be considered invalid.

<p style="text-align: center;"><u>Client Information</u> Please print legibly.</p>	<p>Name*: _____ Date of Birth*: _____</p> <p>Other Names Used: _____ Phone Number: _____</p>														
<p style="text-align: center;"><u>Health Care Provider, Person, or Agency</u> With whom may The Emily Program (TEP), Veritas Collaborative (Veritas), and/or their management companies share/receive your information?</p>	<p>_____ Name of Provider and Clinic, or Person* <input type="checkbox"/> Check this box if TEP/Veritas may communicate with any person at the listed clinic/agency</p> <p>_____ Provider/Person Relationship to Client* _____ Provider/Person Address (minimum of city, state) *</p> <p>_____ Provider/Person Phone Number* _____ Provider/Person Fax Number or Email Address</p>														
<p style="text-align: center;"><u>Communication</u>*</p> <p>How will TEP and Veritas share/receive your information? You may choose one or both options.</p>	<p><input type="checkbox"/> Sending/requesting copies of records (via mail, fax, or encrypted email) to the person identified above</p> <p><input type="checkbox"/> Verbal communication with the person identified above</p>														
<p style="text-align: center;"><u>Information to be Released</u>*</p> <p>What is to be released? Please check all that apply.</p> <p>Substance use disorder, HIV/AIDs, and genetic information may be included in records unless client initials here: _____</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Summary Record Set (Includes evaluations/assessments, discharge summaries, & recent clinical notes) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Individual & Family Therapy Notes </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> All records (includes all listed items) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Psychiatry Notes </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Initial Evaluations/Assessments </td> <td style="vertical-align: top;"> <input type="checkbox"/> Medication List </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Treatment Plans </td> <td style="vertical-align: top;"> <input type="checkbox"/> Education Notes </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Discharge & Transition Summaries </td> <td style="vertical-align: top;"> <input type="checkbox"/> Administrative Records (appointments, billing, demographic Information) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Nutrition Notes/Meal Plan </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other (please specify): _____ </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Medical Notes/Labs/EKGs </td> <td></td> </tr> </table>	<input type="checkbox"/> Summary Record Set (Includes evaluations/assessments, discharge summaries, & recent clinical notes)	<input type="checkbox"/> Individual & Family Therapy Notes	<input type="checkbox"/> All records (includes all listed items)	<input type="checkbox"/> Psychiatry Notes	<input type="checkbox"/> Initial Evaluations/Assessments	<input type="checkbox"/> Medication List	<input type="checkbox"/> Treatment Plans	<input type="checkbox"/> Education Notes	<input type="checkbox"/> Discharge & Transition Summaries	<input type="checkbox"/> Administrative Records (appointments, billing, demographic Information)	<input type="checkbox"/> Nutrition Notes/Meal Plan	<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Medical Notes/Labs/EKGs	
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<p style="text-align: center;"><u>Purpose of the Release of Information</u>* Why is the release needed? Please write in the reason for the release.</p>	<p>Purpose of Release: _____</p>														

Statement of Authorization: I understand that:

- I may revoke this consent at any time, except to the extent that TEP and Veritas have already acted in reliance on it, by providing a completed Request for Revocation of ROI to the address listed on the bottom of this page. **After one year, this consent automatically expires.**
- I have been informed what information will be released, its purpose, and who will receive the information, and I may inspect or copy the protected health information to be used or disclosed under this authorization per applicable state and federal laws.
- Any substance use disorder treatment and diagnosis records are protected under federal regulation 42 CFR Part 2 and disclosure is allowed only with this specific authorization, except in limited circumstances as stated in TEP and Veritas' Notice of Privacy Practices and Informed Consent.
- Federal confidentiality regulations (42 CFR Part 2) prohibit re-disclosure of information from substance use disorder records. However, HIPAA requires TEP and Veritas to notify me that information disclosed pursuant to this authorization might be re-disclosed by the recipient and is no longer protected by HIPAA.
- I may refuse to sign this authorization. TEP and Veritas will not condition treatment, payment, enrollment, or eligibility for services based on whether I sign this authorization.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AUTHORIZATION FORM AND AUTHORIZE TEP AND VERITAS TO RELEASE THE ABOVE SPECIFIED INFORMATION TO THE PARTY IDENTIFIED ABOVE FOR THE PURPOSE IDENTIFIED ABOVE.

Client Signature or Parent/Guardian/Legal Representative Signature*

Date*

Parent/Guardian/Legal Representative Printed Name (if applicable)

Relationship to Client

Send this Release of Information form and records to:

<p style="text-align: center;">The Emily Program Attn: Medical Records 1295 Bandana Blvd West, Suite 210 Saint Paul, MN 55108 F: (844) 358-8782</p>	<p style="text-align: center;">Veritas Collaborative Attn: Medical Records 4024 Stirrup Creek Dr Durham, NC 27703 F: (919) 205-4390</p>
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FAQs about Releases of Information (ROIs)

What is a Release of Information Form (ROI) and what is it for?

A Release of Information Form (ROI) documents your consent for The Emily Program (TEP) or Veritas Collaborative (Veritas) to share information about you and your care with your other health care providers such as a primary care doctor or specialist. It also gives your team at TEP or Veritas permission to communicate with family members and support people.

Why is an ROI needed?

To comply with federal health care laws and to ensure your privacy, TEP and Veritas must obtain your consent in writing before communicating with outside persons about you or the services you are receiving at TEP and/or Veritas. Filling out an ROI will help your team coordinate care with other professionals you are working with and help us provide you with the most complete and comprehensive care possible.

Who should I fill out an ROI for?

- Any health care or service providers, outside of TEP or Veritas, that are currently participating in your care. It can also be beneficial to allow information to be exchanged with past providers as well. Examples: primary care provider, psychiatrist, other therapists, nutrition counselors, etc.
- Any support persons (parents, friends, family, or partners) that you would like to be able to exchange information, work with scheduling, or otherwise support you in your care.
- If you use a medical transportation company, an ROI is required for our staff to communicate with drivers, dispatchers, etc.

What is the difference between the two available communication options?

When you authorize us to share information with the identified person, you have two options as to how TEP and/or Veritas should communicate that particular information to the person:

- Sending/requesting copies of records (via mail, fax, or encrypted email) to the person identified
 - This option allows TEP and/or Veritas to send copies of your actual, physical medical record (e.g., lab results, progress notes, assessments, etc.).
- Verbal communication with the person identified
 - This option allows TEP and/or Veritas to communicate certain aspects of your care and treatment via verbal communication only. For example, if you allowed us to share updates about your lab results with a parent via verbal communication, we would share that information verbally over the phone or in person, but not provide a copy of the actual lab results.

For certain people involved in your treatment (e.g., your primary care provider or your parents), it may make the most sense to check both options, which allows TEP and/or Veritas to fully communicate and coordinate your care with the identified individuals important to you.

For how long is an ROI valid?

ROIs are valid for one year from the date that they are signed unless you revoke the ROI prior to that date. For continued communication, ROIs must be updated annually.

What if I/we decide not to fill out an ROI?

Electing not to complete an ROI means that all of your treatment information at TEP and/or Veritas will remain between you and the providers and staff at TEP and/or Veritas.

How do I know what types of information to consent to release?

If you are filling out an ROI for the coordination of care between one of your providers at TEP and/or Veritas and another health care provider and are unsure of what information to allow for release, we encourage you to speak with your provider to discuss the best options. Selecting the “all records” option will allow for the most flexibility in coordinating and communicating with the provider or person listed. Below the options on the ROI are listed with clear definitions of what is included:

- *Summary Record Set* - Includes evaluations/assessments, discharge summaries, and the most recent of each type of clinical note (medical, psychiatric, nutrition, and therapy)
- *Initial Evaluations/Assessments* –Includes all of the assessments completed at the beginning of care with TEP and/or Veritas with your therapist, dietitian, psychiatric provider, medical provider and/or nurse, and education staff.
- *Treatment Plans* – These plans are developed with the individual therapist.
- *Discharge & Transition Summaries* – These documents give a summary of progress in treatment and next steps planned between providers and clients, patients, and parents. These summaries may be completed by therapists, dietitians, medical providers, psychiatric providers, or education staff when you discharge from a program.
- *Nutrition Notes/Meal Plan* – Includes all nutrition follow-up notes and meal plans.
- *Medical Notes/Labs/EKGs* – Includes all medical follow-up notes completed by your medical provider, lab results, and EKG reports. The follow-up notes may also include medication lists.
- *Individual & Family Therapy Notes* – These notes are created by your individual or family therapist during therapy sessions.
- *Psychiatry Notes* – Includes all psychiatry follow-up notes created by your psychiatric provider. These notes may include medication lists.
- *Medication List* – This document will include a listing of all of your current medications recorded in your chart.
- *Education Notes* – Includes all follow-up notes regarding education and schooling at TEP and/or Veritas.
- *Administrative Records* – This category encompasses information that is not clinical, including information about appointment dates and times, billing, and demographic information.

If there is a specific type of information that you do not see included on the ROI, you may write that item in the “other” option.

How can I revoke my consent?

ROI's can be revoked before their 1-year expiration date. To do this, please complete the Request for Revocation of Release of Information form available on our website and return it to the Medical Records department at TEP or Veritas. Completed forms that are received will be kept in your chart as record of the revocation.