





SUBSTANCE ABUSE PREVENTION AND CONTROL

RELEASE OF INFORMATION – IN SAPC SUD PROVIDER NETWORK

I. PATIENT INFORMATION				
Name (Last, First, and Middle):	Date of Birt	h:	Medi-Cal # or My Health LA #:	
Address:			Phone Number:	
II. ENTITIES WHO MAY SHARE HEALTH INFORMATION				
Option 1 – All Providers within the SAPC Provi	der Network	·		
□ I authorize all previous, current, and future providers within Substance Abuse Prevention and Control's (SAPC) Provider Network to have access to and share my protected health information with each other for the purpose of coordinating my care, substance use disorder (SUD) treatment, non-medical services, and/or benefits acquisition. SAPC and its Provider Network will have access to SAPC's electronic health record database that contains my electronic health information. I understand that the full provider list is included in the Addendum below and is subject to change, and that a current list is available on SAPC's online Provider Directory at http://sapccis.ph.lacounty.gov/sbat/.				
Option 2 – Select Providers within the SAPC Pr ☐ I authorize the following entities to share my p of coordinating my care, substance use disorder (St acquisition. (Please enter ALL names of SAPC pro- protected health information): •	orotected heal UD) treatmen	th information with t, non-medical serv	vices, and/or benefits	
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III. SCOPE OF DISCLOSURE				
I permit the entities listed in Section II to share the be limited to the following information:	protected hea	alth information spe	ecified below. Disclosure shall	
☐ <u>ALL</u> information listed here in Section III		rug test results		
Assessment information		aboratory test result	ts	
Case management/care coordination		edications IV/AIDS test infort	mation	
□ Treatment plans□ Progress notes		ischarge plans / sun		
☐ Health records (primary care, sexual and/or reproductive health, etc.)		ental health records		
☐ Other (specify):				

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IV. EXPIRATION OF AUTHORIZATION This Authorization will automatically expire on ____/___, or one year from date of execution of this Release, whichever is later. V. OTHER IMPORTANT INFORMATION By signing this Authorization, I understand that: My alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality 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. parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. This Authorization is voluntary and I do not need to sign this Authorization in order to receive treatment, enroll in services, or for payment for my health care. I have a right to receive a copy of this Authorization. A copy of this Authorization is as valid as the original. If information related to alcohol, drug, or HIV/AIDS treatment is shared, that information cannot be redisclosed except with another Authorization. I have the right to revoke this Authorization at any time in writing unless the entity disclosing my health information already shared my information before receiving my revocation. I may use the Revocation of Authorization at the bottom of this form to terminate this Authorization and may mail or deliver the revocation to SAPC (see mailing address below) or my substance use treatment provider. Once my Revocation of Authorization is received, SAPC and/or my provider will cancel the Authorization and notify all involved parties of its cancellation. VI. SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE I have read and understand the content of this Authorization. I am signing the Authorization voluntarily and understand that I have the right to refuse to sign this document. My signature authorizes the disclosure of the health information as described in Section III of this Authorization. Name and Signature of Patient or Patient's Legal Representative: Signature Print Name If signed by Patient's Legal Representative, state relationship and authority to do so: Witness: Name and Signature of Providers or Agency/Clinic Representative: Month Day Print Name and Title Signature Network Provider Address

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n.	
g. A-9 East, 3 rd Floor	PC at:
Cionatava	Month Day Year
	d Control g. A-9 East, 3 rd Floor Patient's Legal Representative: Signature

VIII. PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to involved providers with the consent of such client. This information has been disclosed to involved providers from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit involved providers 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 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 restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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ADDENDUM

Below is an alphabetical list of substance use disorder (SUD) providers within the SAPC Provider Network who are authorized to share health information, as referenced in the above Authorization form. Please circle the relevant SUD providers and enter the other health providers below who will be exchanging health information with this document.

providers below who will be exchanging	health information with this document.
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4	
:	
	w is valid as of 07/18/19. ov/sbat/ for the most current list of providers.
FAMILY AND HEALTH	ELDORADO COMMUNITY SERVICE CENTER
	4 4

AEGIS TREATMENT CENTERS, LLC

ALCOHOLISM CENTER FOR WOMEN, INC.

AMERICAN HEALTH SERVICES LLC

AMERICAN INDIAN CHANGING SPIRITS

ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.

BEACON HOUSE ASSOCIATION OF SAN PEDRO (THE)

BEHAVIORAL HEALTH SERVICES, INC.

BEIT T'SHUVAH

BIENESTAR HUMAN SERVICES, INC

CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

CAMBODIAN ASSOCIATION OF AMERICA

CANON HUMAN SERVICES, INC.

CHABAD OF CALIFORNIA, INC.

CHILD AND FAMILY CENTER

CHILDREN'S HOSPITAL LOS ANGELES

CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

CLARE FOUNDATION, INC.

CLINICA MONSENOR OSCAR A. ROMERO

CRI-HELP, INC.

DIDI HIRSCH PSYCHIATRIC SERVICE

DIVINE HEALTHCARE SERVICES, INC.

EGGLESTON YOUTH CENTERS, INC., D. B. A. EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM

EL PROYECTO DEL BARRIO

ETTIE LEE HOMES, INCORPORATED

EXODUS RECOVERY INC

FAMILIES FOR CHILDREN, INC.

FRED BROWN'S RECOVERY SERVICES, INC.

GRANDVIEW FOUNDATION, INC.

HEALTHRIGHT 360

HELPLINE YOUTH COUNSELING, INC.

HOMELESS HEALTH CARE LOS ANGELES, INC.

HOUSE OF HOPE FOUNDATION, INC.

I-ADARP, INC.

JWCH INSTITUTE, INC.

KOREATOWN YOUTH AND COMMUNITY CENTER, INC.

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LITTLE HOUSE

LOS ANGELES
BIOMEDICAL RESEARCH
INSTITUTE AT HARBORUCLA MEDICAL CENTER
LOS ANGELES CENTERS
FOR ALCOHOL AND DRUG
ABUSE

MATRIX INSTITUTE ON ADDICTIONS

MELA COUNSELING SERVICES CENTER, INC.

MOTIVATIONAL RECOVERY SERVICES, INC.

NARCOTIC ADDICTION TREATMENT AGENCY, INC.

NARCOTIC PREVENTION ASSOCIATION, INC.

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMONA VALLEYS, INC.

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY NEW HOPE DRUG & ALCOHOL TREATMENT PROGRAM, INC.

PALM HOUSE, INC.

PENNY LANE CENTERS

PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA

PHOENIX HOUSES OF LOS ANGELES, INC.

PRINCIPLES, INC.

SAFE REFUGE

SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.

SHIELDS FOR FAMILIES, INC.

SOCIAL MODEL RECOVERY SYSTEMS, INC.

SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

SPECIAL SERVICE FOR GROUPS, INC.

SPIRITT FAMILY SERVICES

TARZANA TREATMENT CENTERS, INC.

TAVARUA HEALTH SERVICES

TAVARUA MEDICAL REHABILITATION SERVICES D.B.A. AZUSA MEDICAL AND MENTAL HEALTH SERVICES

THE SALVATION ARMY, A
CALIFORNIA
CORPORATION

THE TEEN PROJECT, INC., D.B.A. FREEHAB

TRANSCULTURAL HEALTH DEVELOPMENT, INC.

TWIN TOWN CORPORATION

VALLEY WOMEN'S CENTER, INC.

VAN NESS RECOVERY HOUSE

VOLUNTEERS OF AMERICA OF LOS ANGELES

WATTS HEALTHCARE CORPORATION, D.B.A. HOUSE OF UHURU

WEST COUNTY MEDICAL CLINIC

WEST COUNTY MEDICAL CORPORATION

WESTERN PACIFIC MED-CORP

> YOU CAN HEALTH SERVICES

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