



### Authorization to Release/Obtain Information

Please indicate program:

- Emergency/Overflow Shelter
- Outreach & Engagement
- Community Living Room
- Starting Over
- Urban Initiative
- RR
- FUSE
- Community Network
- CHI Transitional Housing: \_\_\_\_\_
- CHI Supportive Housing: \_\_\_\_\_

*The Confidentiality of this record is required under Chapter 899 of the Connecticut General Statutes as Title 42 of the United States Code. Confidentiality of records and information received in relation to this release are covered under Sect. 17a-572, 17a-688, 19a-581 and / or 19a-583<sup>1</sup>. Neither the material, nor any records received as a result of this release, shall be transmitted to anyone without written consent/authorization as provided in these statutes.*

**COMPLETE ALL SECTIONS:**

I, \_\_\_\_\_, authorize Columbus House, Inc. to:

- Obtain
- Release (*check all that apply*) the following information:

Type of Information	Yes (Release)	No (Do not release)	Consumer Initials
Information relating to my housing, certificate, application or status	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge summary information	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric/Psychological information (including assessment)	<input type="checkbox"/>	<input type="checkbox"/>	
Medical/psychiatric information relating to my HIV/AIDS status	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Abuse, Recovery and Treatment Information	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Exam/lab/medical (non-HIV)	<input type="checkbox"/>	<input type="checkbox"/>	
Case Coordination/Management Information	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

From (or from the records of): \_\_\_\_\_  
 With a birth date of: \_\_\_\_\_  
 And a social security number of: \_\_\_\_\_

- To
- From (*check all that apply*)

Agency Name and/or Person's Name: \_\_\_\_\_  
 Person's Title: \_\_\_\_\_  
 Address: \_\_\_\_\_

This information is released/obtained for the following reason (*any other use is prohibited*):

***"I understand that I may withdraw this consent at any time prior to the release of the above information This consent, if not withdrawn, shall expire on \_\_\_\_\_ or 180 days from the date of my consent"***

\_\_\_\_\_  
*Client's Signature* Date: \_\_\_\_\_

\_\_\_\_\_  
*Witness' Signature* Date: \_\_\_\_\_

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

<sup>1</sup> Refer to the reverse of this form for summary of records disclosure limitation and exclusions

## Excerpts from the Connecticut General Statutes<sup>2</sup>

Sec. 17a-572, (Formerly Sec. 17-253) Records to be confidential. All certificates, applications, records and reports made for the purpose of sections 17a-560 to 17a-576, inclusive (psychiatric/mental health), and directly or indirectly identifying a person subject to it shall be kept confidential and shall not be disclosed by any person except so far (1) as the individual identified or his legal guardian, if any, or, if he is a minor, his parent or legal guardian consents or (2) as disclosure may be necessary to carry out any of the provisions of said sections or (3) as a court may direct upon its determinations that disclosure is necessary for the conduct of proceedings before it and that failure to make such disclosure would be contrary to the public interest.

Sec. 17a-688, (Formerly Sec. 19a-126h), Records, keeping and confidentiality of. Disclosure permitted., when Minors, consent to treatment and liability for costs.

(c) No person, hospital or treatment facility may disclose or permit the disclosure of, nor may the department disclose or permit the disclosure of, the identity, diagnosis, prognosis or treatment (Substance Addiction Treatment Records) of any such patient that would constitute a violation of federal statutes concerning confidentiality of alcohol or drug patient records and any regulations pursuant thereto, as such federal statutes and regulations may be amended from time to time. The department shall adopt regulations, in accordance with chapter 54, to protect the confidentiality of any such information that is obtained by the department.

Sec. 19a-581, Definitions. (8) “Confidential HIV-related information” means any information pertaining to the protected individual or obtained pursuant to a release of confidential HIV-related information, concerning whether a person has been counseled regarding HIV infection, has been the subject of an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or information which identifies or reasonably could identify a person as having one or more of such conditions, including information pertaining to such individual’s partners; HIV-related information which is signed by the protected individual or a person authorized to consent to health care for the individual and which is dated and specifies to whom disclosure is authorized, the purpose for such disclosure and the time period during which the release is to be effective. A general authorization for the release of medical or other information is not a release of confidential HIV-related information, unless such authorization specifically indicates its dual purpose as a general authorization and an authorization for the release of confidential HIV-related information and complies with the requirements of this subdivision.

Sec. 19a-583, Limitations on disclosure of HIV-related information. (a) No person who obtains confidential HIV-related information may disclose or be compelled to disclose such information, except to the following: (1) The protected individual, his legal guardian or a person authorized to consent to health care for such individual; (2) Any person who secures a release of confidential HIV-related information; (3) A federal, state or local health officer when such disclosure is mandated or authorized by federal or state law; (4) a health care provider or health facility when knowledge of the HIV-related information is necessary to provide appropriate care or treatment to the protected individual or a child of the individual or when confidential HIV-related information is already recorded in a medical chart or record and a health care provider has access to such record for the purpose of providing medical care to the protected individual; (5) a medical examiner to assist in determining the cause or circumstances of death; (6) health facility staff committees or accreditation or oversight review organizations which are conducting program monitoring, program evaluation or service review; (7) A health care provider or other person in cases where such provider or person in the course of his occupational duties has had a significant exposure to HIV infection, provided ... criteria are met; (8) Employees of hospitals for mental illness operated by the Department of Mental Health and Addiction Services information. Disclosure shall be limited to as few employees as possible and only those employees with a direct need to receive the information to achieve the purpose authorized by this subdivision.

<sup>2</sup> From the General Statutes of Connecticut Revised to January 1, 2001. Statutes may be reviewed more fully at <http://www.cga.state.ct.us/2001/pub/title.html>