



COUNTY OF ONONDAGA
Department of Mental Health

John H. Mulroy Civic Center
421 Montgomery Street, Syracuse, NY 13202

SPOA Adult (315) 472-7363 at OCMS
SPOA Adult FAX (315) 472-0084

Joanne M. Mahoney, County Executive

Robert Long, MPA, Commissioner

Onondaga County Department of Mental Health SPOA (Adults)
Permission to Use and Disclose Confidential Information

This form is designed to be used by organizations that collaborate with one another in planning, coordinating, and delivering services to persons diagnosed with mental disabilities. It permits use, disclosure, and re-disclosure of confidential information for the purposes of care coordination, delivery of services, payment for services and health care operations. This form complies with the requirements of § 33.13 of the New York State Mental Hygiene Law, federal alcohol and drug record privacy regulations (42 CFR Part 2), and federal law governing privacy of education records (FERPA) (20 USC 1232g). It is not for use for HIV-AIDS related information. Although it includes many of the elements required by 45 CFR 164.508(c), this form is not an "Authorization" under the federal HIPAA rules. An "Authorization" is not required because use and disclosure of protected health information is for purposes of treatment, payment or health care operations. (See 45 CFR 164.506.)

1. I hereby give permission to use and disclose health, mental health, alcohol and drug, and education records as described below.

2. The person whose information may be used or disclosed is:

Name: _____ Date of Birth: _____

3. The information that may be used or disclosed includes (check all that apply):

- Mental health records
- Alcohol/Drug Records
- School or Education Records
- Health records
- All of the records listed above

4. This information may be disclosed by:

- Any person or organization that possesses the information to be disclosed
- The persons or organizations listed in Attachment A
- The following persons or organizations that provide services to me:

5. This information may be disclosed to:

- Any person or organization that needs the information to provide service to the person who is the subject of the record, pay for those services, or engage in quality assurance or other health care operations related to that person.
- The persons or organizations listed in Attachment A
- The following persons or organizations:

6. The purposes for which this information may be used and disclosed include:

- Evaluation of eligibility to participate in a program supported by the Onondaga County Department of Mental Health;
- Delivery of services, including care coordination and case management;
- Payment for services; and
- Health Care Operations such as quality assurance.

Onondaga County Department of Mental Health SPOA

Permission to Use and Disclose Confidential Information (con't.)

7. I understand that New York and federal law prohibits persons that receive mental health, alcohol, or drug abuse, and education records from re-disclosing those records without permission. I also understand that not every organization that may receive a record is required to follow the federal HIPAA rules governing use and disclosure of protected health information. I HEREBY GIVE PERMISSION TO THE PERSONS AND ORGANIZATIONS THAT RECEIVE RECORDS PURSUANT TO THIS AUTHORIZATION TO RE-DISCLOSE THE RECORD AND THE INFORMATION IN THE RECORD TO PERSONS OR ORGANIZATIONS DESCRIBED IN PARAGRAPH 5 FOR THE PURPOSES PERMITTED IN PARAGRAPH 6, BUT FOR NO OTHER PURPOSE.
8. This permission expires (check applicable box):
- On _____
- Upon the following event: _____
9. This permission is limited as follows:
- Permission only applies to records for the following time period: _____ to _____
- Other limitation: _____
10. I understand that this permission may be revoked. I have received a Notice of Privacy Practices, and understand that if this permission is revoked, it may not be possible to continue to participate in certain programs. I will be informed of that possibility if I wish to revoke this permission. I also understand that records disclosed before this permission is revoked may not be retrieved. Any person or organization that relied on this permission may continue to use or disclose records and protected health information as needed to complete work that began because this permission was given.

I am the person whose records will be used or disclosed. I give permission to use and disclose my records as described in this document.

Signature Date

I am the personal representative of the person whose records will be used or disclosed. My relationship to that person is _____. I give permission to use and disclose my records as described in this document.

Signature Date

Print Name

Attachment A

This permission to disclose records applies to the following organizations and people who work at those organizations. These organizations work together to deliver services to residents of Onondaga County.

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| Altamont | Jewish Family Center | Spanish Action League |
| ARISE | Kalet's Adult Residence | St. Joseph's Hospital Health Care |
| Auburn Memorial Hospital | Legal Aid Society of CNY | Syracuse Behavioral Health |
| Catholic Charities | Liberty Resources and the Brownell Center | Syracuse Community Health Center |
| Central New York Services | Loretto Community Residences | Syracuse Housing Authority |
| Chadwick Residence | Mental Health Association in Onondaga County | Syracuse Rescue Mission |
| CNY Developmental Services Office | Mental Hygiene Legal Services | Syracuse Veteran's Administration |
| Community General Hospital | Newark Wayne Hospital | Transitional Living Services |
| Conifer Park | Onondaga Case Management Services | Upstate Medical University |
| Contact | Onondaga County: DSS, Adult Protective Services, Dept of Aging and Youth | Vera House |
| Crouse Hospital. | Onondaga County Department of Mental Health | VESID |
| Hillside Children's Center | Onondaga Nation Healing Center | YWCA |
| Huntington Family Center | Oswego Hospital | YMCA |
| Hutchings Psychiatric Center | Salvation Army | |
| Interfaith Works of CNY | | |