

HIPAA Authorization Form

Authorization for Use or Disclosure of Personal Information

PART A - General Information

Information to be disclosed and time period of information requested (Identify specifically the information to be used/disclosed such as welfare records, lien records, inspection records, etc. If information to be used or disclosed includes mental health, drug and alcohol, or HIV-related information, please complete section of this form that relates to that information):

This information is to be disclosed to:

MIFFLIN JUNIATA HUMAN SERVICES

I authorize the use/disclosure of individual information as described below from the records of:

Name:
DOB:
Phone:
Address:

Reason for disclosure: Rental/Utility assistance

I understand that:

- a) This authorization may be revoked at any time by writing to the individual/organization identified in section 1 except to the extent that information has already been disclosed. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.
- b) The Department and its health and human services programs will not condition treatment, payment, enrollment or eligibility on the provision of this authorization.
- c) information (except drug and alcohol information) disclosed pursuant to this authorization may be subject to redisclosure by the individual/organization identified in section A.2 below and is no longer protected by federal privacy regulations.
- d) The Department, its programs, services, employees, officers, and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.
- e) I may refuse to sign this authorization.

This authorization expires on: December 31, 2022

Signature

Date