





# SUBSTANCE ABUSE PREVENTION AND CONTROL

# **RELEASE OF INFORMATION – IN SAPC SUD PROVIDER NETWORK**

I. PATIENT INFORMATION			
Name (Last, First, and Middle):	Date of Birth:	Medi-Cal # or My Health LA #:	
Address:		Phone Number:	
II. ENTITIES WHO MAY SHARE HEALTH INFORMATION			
<u>Option 1</u> – All Providers within the SAPC Provider 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 and substance use disorder (SUD) treatment. 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 Provider Network

□ I authorize the following entities to share my protected health information with each other for the purpose of coordinating my care and SUD treatment (Please enter ALL names of SAPC provider organizations/agencies *participating in the exchange of protected health information):* 

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•	
•	
•	
III. SCOPI	E OF DISCLOSURE
I permit the entities listed in Section II to share the p be limited to the following information:	rotected health information specified below. Disclosure shall
☐ <u>ALL</u> information listed here in Section III	□ Drug test results
Assessment information	□ Laboratory test results
Case management/care coordination	$\Box$ Medications
Treatment plans	□ HIV/AIDS test information
□ Progress notes	Discharge plans / summaries
☐ Health records (primary care, sexual and/or reproductive health, etc.)	□ Mental health records
☐ Other (specify):	

# 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:

Print Name	Signatura	Month Day Year
Frint Name	Signature	Month Day Year
signed by Patient's Legal Rep	resentative, state relationship and a	authority to do so:
Vitness: Name and Signature o	f Providers or Agency/Clinic Repre	esentative:
		///
<b>Vitness: Name and Signature o</b> Print Name and Title	f Providers or Agency/Clinic Repre	esentative: // Month Day Yea

#### **VII. REVOCATION OF AUTHORIZATION**

 $\Box$  I wish to revoke my authorization.

\*Please send Revocation of Authorization to your health provider or SAPC at: Substance Abuse Prevention and Control 1000 South Fremont Ave., Bldg. A-9 East, 3<sup>rd</sup> Floor Alhambra, CA 91803

#### Name and Signature of Patient or Patient's Legal Representative:

Print Name and Title

Signature

Month Day Year

If signed by Patient's Legal Representative, state relationship and authority to do so:

### 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.

# 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.

<b>Other Providers (if applicable):</b>	
1	3
2	4
2	

#### **Substance Use Disorder Providers:**

The list of SAPC's substance use provider network below is valid as of 05/18/21. Please visit SAPC's online Provider Directory at <u>http://sapccis.ph.lacounty.gov/sbat/</u> for the most current list of providers.

ADDICTION RESEARCH AND
TREATMENT, INC.
AEGIS TREATMENT CENTERS, LLC
ALCOHOLISM CENTER FOR
WOMEN, INC.
ALT RECOVERY GROUP 2, LLC
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.
CASA DE LAS AMIGAS
CENTER FOR INTEGRATED FAMILY
AND HEALTH SERVICES
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	
COMPATIOR, INC.	
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	
ELDORADO COMMUNITY SERVICE	
CENTER	
ETTIE LEE HOMES, INCORPORATED	
EXODUS RECOVERY INC	
FAMILIES FOR CHILDREN, INC.	
FRED BROWN'S RECOVERY	
SERVICES, INC.	
GRANDVIEW FOUNDATION, INC.	
HEALTH NET AND AFFILIATES	
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.	
LA CARE AND AFFILIATES	
LAKE HUGHES RECOVERY	
LITTLE HOUSE	
LOS ANGELES BIOMEDICAL	
RESEARCH INSTITUTE AT HARBOR-	
UCLA 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 DIRECTIONS ALCOHOL AND	
DRUG SERVICES, INC.	
NEW HOPE DRUG & ALCOHOL	
TREATMENT PROGRAM, INC.	
PALM HOUSE, INC.	
PAX HOUSE	
PENNY LANE CENTERS	
PEOPLE COORDINATED SERVICES	
OF SOUTHERN CALIFORNIA	
PHOENIX HOUSES OF LOS	
ANGELES, INC.	
PRINCIPLES, INC.	
SADLER HEALTHCARE, 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 **TESSIE CLEVELAND COMMUNITY** SERVICES CORPORATION THE SALVATION ARMY, A CALIFORNIA CORPORATION

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