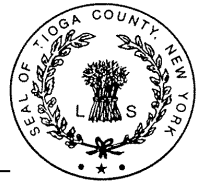


TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Shawn L. Yetter, Commissioner • Julie Whipple, Director of Employment & Transitional Supports
P.O. Box 240, Owego, N.Y. 13827-0240 • Telephone: (607) 687-8300 • TDD: (607) 687-6151 • Fax: (607) 687-8093
Website: www.tiogacountyny.com



GENERAL RELEASE OF INFORMATION

SECTION I - General

I, _____, residing at

_____ hereby give my permission to the
Tioga County Department of Social Services to:

- release to; or
- release from; or
- release to and receive from

The following public, private and education entities _____
Information concerning me, and my child(ren), _____
and I understand that the purpose of the release is to assist the Tioga County Department of Social Services to

- I hereby give permission for Tioga County Department of Social Services employees to contact me regarding my case via electronic mail to the following email address:

SECTION II - Protected Health Information

If this Release involves Protected Health Information¹, proceed with this section:

1. If this release is for the purpose of sharing protected health information, I authorize such disclosure. I understand that this authorization is voluntary. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.
2. I authorize the Tioga County Department of Social Services to:
 - release to; or
 - release from; or
 - release to and receive from

The public, private, and education entities identified in Section I protected health information concerning me or my child(ren), _____

This is being done at my request to facilitate service delivery.

3. I specifically authorize the disclosure of the following health information:

- | | |
|--|---|
| <input type="checkbox"/> Emergency room records | <input type="checkbox"/> Hospital/Clinic Outpatient records |
| <input type="checkbox"/> Laboratory & diagnostic findings | <input type="checkbox"/> Hospital Inpatient records |
| <input type="checkbox"/> Mental health treatment information | <input type="checkbox"/> Psychiatric treatment information |
| <input type="checkbox"/> Substance abuse treatment information | <input type="checkbox"/> Office based records |
| <input type="checkbox"/> Medicaid/DOH records | <input type="checkbox"/> Billing/Insurance information |
| <input type="checkbox"/> School records | <input type="checkbox"/> Immunization records |

4. I understand that I may revoke this authorization in writing at any time by sending a signed and dated written statement to the Tioga County Department of Social Services saying that I am revoking my authorization to disclose health records, except to the extent that the person(s) and organization(s) named above have taken action in reliance on this authorization.

Section III – Terms

1. This authorization expires one year from today’s date, or upon the following specified event:

2. I have had the opportunity to read and consider the content of this authorization. I confirm that the contents are consistent with my direction.

Section IV – Signatures

Signed: _____ Date: _____

Print Name and Relationship or Authority of Personal Representative (if applicable)

Witness: _____ Date: _____

REDISCLASURE:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2.

¹ Protected health information (“PHI”) is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2)the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual or provides a reasonable basis to believe that the information can identify the individual.
45 CFR 164.508