Attn: PA Registry
6955 Foothill Blvd. 3rd Floor
Oakland, CA 94605
(510) 577-5694 – Provider Line
(510) 577-1980 – Consumer Line
(510) 577-3579 – Fax
www.ac-pa4ihss.org

AUTHORIZATION FOR RELEASE OF INFORMATION (4/13/2010)

Terms of Personal Release of Information

In order for the Public Authority for IHSS in Alameda County (Public Authority) to obtain from or release to other parties any information about an IHSS consumer requesting Registry services, Federal and State laws require specific authorization.

The Public Authority must have a signed release on file before it can provide services to someone requesting services on behalf of someone else; for example, an adult child, friend, IHSS worker, or hospital discharge planner requesting a list, assistance in hiring an IHSS provider, or other Registry services for an IHSS consumer. Please review, complete and sign this form, and return it to the Public Authority at the address listed above or via Fax (510) 577-3579.

Terms of Use and Release of Information

The information contained on this release is intended for the exclusive use of the Public Authority for the purpose of providing referral lists of pre-screened IHSS providers and/or other Public Authority program related services related to hiring a Provider listed on the Public Authority Registry.

I hereby authorize the Public Authority to exchange and/or disclose confidential history and/or case information with the people and/or agencies listed below.

The Public Authority may talk to, share information with ONLY the people listed below:

Name of Contact	Relationship to Consumer	Area Code & Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**The person listed in space number 1 above will be considered the primary contact. However, any individual listed above will be able to request services on behalf of the IHSS consumer.*

Any individual requesting services for an IHSS consumer must correctly verify the consumers Social Security Number, Date of Birth and address, as well as the authorized person's full name, phone number and relationship to the consumer before Registry services will be provided.

- OVER-

Attn: PA Registry
6955 Foothill Blvd. 3rd Floor
Oakland, CA 94605
(510) 577-5694 – Provider Line
(510) 577-1980 – Consumer Line
(510) 577-3579 – Fax
www.ac-pa4ihss.org

AUTHORIZATION FOR RELEASE OF INFORMATION (Continued)

If you have authorized the exchange and/or disclosure of confidential information, specify the period during which the Public Authority may communicate with the persons/agencies listed above, by initialing the appropriate box below.

_____ I authorize on going communication unless I revoke this consent in writing.

_____ I authorize communication until _____(specify date).

I understand that I do not have to agree to release confidential information and that I may withdraw this consent at any time in writing, but if I do, it will not have any effect on any actions the Public Authority for IHSS took before it received the revocation. A facsimile or photocopy of this form will be regarded as valid as the original.

Consumer Name (printed): _____

Social Security Number: _____

Signature: _____ Date: _____

I understand that I have a right to receive a copy of this authorization.

Please initial here if you would like a copy of this authorization _____

ASSISTANCE IN COMPLETING THIS AUTHORIZATION WAS PROVIDED BY:

Name: _____ Relationship: _____

Signature: _____ Date: _____

Office Use Only: