



Agency use only:	
File ID	
Date	_____

Authorization for use and disclosure of protected health information page 1

This form documents my permission for **Northeast Oklahoma Community Action Agency** to share my ShareLink records, which contain information about me called “protected health information”, with other organizations that use the ShareLink system to exchange in

I understand that if I sign this consent/authorization and information is disclosed to another agency, the information may lose protection it would otherwise have under Health Insurance Portability and Accountability Act (HIPAA - a federal law that protec

I understand that if I do not sign this form, it will not change whether or not I can receive services from **Northeast Oklahoma Community Action Agency** or any other ShareLink organization.

I understand that **this authorization is good for 1 year**(s) from the date of my signature below unless I withdraw it by giving a written request to **Northeast Oklahoma Community Action Agency** which I may do at any time. If I withdraw this authorization in t

I agree to allow **Northeast Oklahoma Community Action Agency** to share my ShareLink records with people who work as employees, contractors, consultants or volunteers at the organizations that use the ShareLink system, which include:

North Central CoC: *Community Development Support Association, Inc. (CDSA), Domestic Violence Program of North Central Oklahoma, Mission of Hope by COCAA, Northern Oklahoma Youth Services, Peachtree Landing, Salvation Army of Ponca City, Youth and Family Services of North Central Oklahoma, United Way of Ponca City, Inc.*

Northeast CoC: *Christians Caring for the Homeless, Community Action Resource & Development (CARD), Community Crisis Center, Creoks Behavioral Health, Freedom From Addiction through Christ, Grand Lake Mental Health Center, Help-in-Crisis, Hope House of Cherokee County, Northeast Community Action Agency, Safenet Services, Tahlequah Men's Shelter, The Harbor, The Landing, Youth & Family Services of Washington County*

Southeast CoC: *Ada Area Community Emergency Services, Carl Albert Community Mental Health, INCA Community Services, Inc., KI BOIS Community Action Foundation, Inc., Okmulgee County Homeless Shelter*

Tulsa CoC: *Community Service, Council of Greater Tulsa, Inc., Family & Children's Services of Tulsa, John 3:16 Mission, Inc., Legal Aid Services of Oklahoma, Inc., Mental Health Association in Tulsa, Morton Comprehensive Health Services, Restore Hope Ministries, Inc., The Salvation Army Center of Hope, Tulsa City-County Health Department, Tulsa County Social Services, Tulsa Day Center for the Homeless, Volunteers of America of Oklahoma, Youth Services of Tulsa.*

I understand that additional organizations may join ShareLink at any time and will also have access to my ShareLink records for the previously stated purpose of coordinating access and delivery of services to me. I understand that upon my request any Sha

My ShareLink records may include information about me and my household such as name, address, employment, gender and age, about non-health services such as food, clothing, housing and financial assistance, about medical and mental health conditions, subst

Authorization for use and disclosure of protected health information page 2

Oklahoma law requires the following statement on this form:

“Health information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency

I understand that if the records or information being released involve treatment for alcohol or substance addiction, my records are also protected by federal law and regulations relating to “confidentiality of alcohol or drug abuse patient records” (42 C.

If the records or information released involve treatment for alcohol or substance addiction, this information has been disclosed to agencies from records protected by federal confidentiality rules (42 C.F.R. Part 2). Federal rules prohibit agencies from m

Name of Client (print)

Date of Birth

Client Signature

Date Signed

For Parent, Guardian or Personal Representative of Client (if applicable)

Signature

Relationship to Client

Date Signed