TEXAS Health and Human Services

Form 1022
December 2009-E

Authorization to Disclose Information Including Protected Health Information for Referral to Another Agency/Organization

Section I

Name	Case No.

Section II – To be completed by the individual

I authorize _____ to disclose information about me to the persons or agencies designated in Attachment A for the purpose of expediting my referral and coordinating services.

Check one of the following:

☐ You may disclose all the information you have about me.

☐ You may disclose only the following information:

_____

I ☐ do ☐ do not authorize the disclosure of my health information regarding: ☐ HIV/AIDS

☐ Alcohol and drug abuse treatment

Unless this authorization is revoked earlier, it expires on (list the date, event or condition): _____
Expiration Date, Event or Condition

_____ _____
Signature – Individual or Personal Representative Date

If you are signing for the individual, describe your authority to act for the individual: _____
Authority of Personal Representative

Note: If the person requesting the release of information cannot sign his/her name, two witnesses to his/her mark (X) must sign below. One witness signature can be accepted in circumstances where it is not possible to obtain two witness signatures.

_____ _____
Signature – Witness Date

_____ _____
Signature – Witness Date

Section III

Notice to Individual:

- Once you authorize the release of your health information, except for information related to alcohol and drug abuse treatment, it may no longer be protected by medical privacy laws and the person or entity to whom the information is released may not be legally required to keep it confidential.
- You can withdraw the authorization you have given to use or disclose health information that identifies you, unless action has already been taken based on your authorization. You must withdraw your authorization in writing.

With a few exceptions, you have the right to request and be informed about the information that state governmental bodies obtain about you. You are entitled to receive and review the information upon request. You also have the right to ask a state governmental body to correct information that is determined to be incorrect (Government Code, §§552.021, 552.023, 559.004). If you would like a state governmental body to correct information about you that is incorrect, please contact that governmental body.

Attachment A

Disclose my information to the following persons or agencies (check all that apply; list additional persons or agencies):

- ☐ **General Release**
- ☐ **Health and Human Services Commission**
- ☐ **Department of Aging and Disability Services**
  - ☐ **Regional and Local Services Office (name)** _____
  - ☐ **Area Agency on Aging (name)** _____
  - ☐ **Local Authority (name)** _____
- ☐ **Department of State Health Services**
- ☐ **Department of Family and Protective Services**
- ☐ **Department of Assistive and Rehabilitative Services**
- ☐ **Texas Workforce Commission**
- ☐ **Texas Department of Housing and Community Affairs**
- ☐ **Social Security Administration**
- ☐ **Other (Please list below)**

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