

Far Northern Regional Center
P.O. Box 492418, Redding, CA 96049-2418
1377 East Lassen Ave., Chico, CA 95973
421 Chestnut St., Mt. Shasta, CA 96067

Authorization for Release of Information

Client Information		
Last Name:	First Name:	Middle Initial:
Address:	City/State/Zip:	Date of Birth:
Client Phone Number:	UCI:	

Authorization Details

Information coming from (disclosed by): Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including FNRC, who are authorized to make use of and/or disclose the protected health information in this form.

Far Northern Regional Center	

Information going to (Received by): Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including FNRC, who are authorized to receive the protected health information described in this form.

Far Northern Regional Center	
Shasta Head Start	

Purpose of this Release:

Describe purpose of the information: Record Keeping
At the request of the consumer/legal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No

Information Authorized for Release:

<input type="checkbox"/> All Information	<input type="checkbox"/> Educational	<input type="checkbox"/> Vocational
<input type="checkbox"/> IFSP/IPP	<input type="checkbox"/> Health Records	<input type="checkbox"/> Social Assessment
<input type="checkbox"/> Other (Please Specify):		

*This authorization is limited to only that information that I have requested above to be used or disclosed to the persons/facilities named herein. I hereby release Far Northern Regional Center from all legal responsibilities or liability that may arise from the use or disclosure of health information in reliance on this authorization.

Consumer Name:

UCI:

Notice to Providers of Information

All information you supply to Far Northern Regional Center is subject to Section 4514, Welfare and Institutions Code, Confidentiality and Disclosure. Regulations allow for inspection and copying of all records by the client, their guardian or conservator, or as otherwise required by state or federal law.

Notice to Receivers of Information

The information released to you is confidential and subject to Section 4514, Welfare and Institutions Code. You are prohibited from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains or their parent/guardian or conservator or as otherwise required by state or federal law.

NOTICE

FNRC and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS

1. This Authorization to release information **is voluntary**. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: 1) To conduct research-related treatment, 2) To obtain information in connection with eligibility or enrollment in a health plan, 3) To determine an entity's obligation to pay a claim, or 4) To create health information to provide to a third party.
2. This Authorization **may be revoked** at any time. The revocation must be in writing, signed by you or your representative, and delivered to Far Northern Regional Center. The revocation will take effect when FNRC receives it, except to the extent FNRC or others have already relied on it.
3. You are entitled to **receive a copy** of this Authorization.
4. Unless otherwise revoked, this **Authorization expires:** . If no date is indicated, this Authorization will expire 12 months after the date of my signing this form.

Acknowledgement

Print Name

Signature (Consumer, Parent, Guardian)

Date Time

Relationship to Consumer (Parent, Guardian, etc)

Witness (only if patient unable to sign)
or Interpreter

RC Staff / Received By Date