Public Authority of Fresno County

Authorization to Release Information

This authorization to release information shall be used when requesting a Registry Provider from the Public Authority of Fresno County

Recipient Information:

Recipient Name	**Date of Birth**
Street Address City, State, Zip Code	**IHSS Case Number**

I hereby authorize the exchange of information between Fresno County Public Authority and:

Name of Person (print)	**Signature of Person**
Name of Agency, Organization, or Health Care Provider	**Telephone Number**
Street Address, City, State, Zip Code	**Fax Number**

This release of information only applies to the following information (check one):

☐ All case information relating to benefits/programs provided by Fresno County Public Authority including health, medical history, mental or physical condition, and treatment received including drug, alcohol, and/or HIV/AIDS.

☐ I only authorize the above person to request a Registry Provider on my behalf.

List requests may be made on the recipient's behalf by the Authorized Representatives (AR), Declared Representatives (DR), Conservators,
Legal Guardians and parent(s) of a minor child (a signed/current SOC 839/IHSS 0156 must be on file). A written or verbal Release of Information (ROI) from the recipient shall be obtained when the individual making the registry list request is not a person listed above. Power of Attorneys (POA), Spouses or Registered Domestic Partners (RDP), who do not have AR or DR status on the case, as well as any agency, facility, hospital, nursing home, and rehabilitation facility are required to have a written or one-time verbal ROI. For more information visit http.RequestaRegistryProvider or call (559) 600-6666

YOUR RIGHTS - BY SIGNING THIS FORM:

1. I understand that this authorization is good for 12 months from the date signed.
2. I understand that a wet signature is required - digital and electronic signatures are not accepted.
3. I authorize the use or disclosure of my individual identifiable information as described above for the purpose listed. If I choose not to sign this authorization, treatment, services, or eligibility for benefits through Fresno County Social Services Agency may not be withheld as a condition of obtaining this authorization.
4. The information disclosed may be subject to re-disclosure and would no longer be protected by federal privacy regulations.
5. I can withdraw or revoke permission for the release of my information at any time. The revocation must be made in writing, signed by me or on my behalf, and **mailed to the address listed above**. My revocation will be effective once it is received. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
6. I have the right to receive a copy of this authorization form.
7. I am signing this authorization voluntarily after all my questions about this form have been answered.
8. I understand:
   - I have the right to free interpretive services without undue delay
   - The potential problems of using my own interpreter include, but not limited to: the possibility of ineffective communication, conflict of interest, and inaccurate interpretation
   - The need to disclose private/confidential information to the interpreter
   - The County-provided interpretive services is available when my interpreter is not available
   - My right to switch from a client-provided interpreter to a county provided interpreter at anytime

X _____ _____

☐ **Recipient Signature** ☐ **Authorized Representative Signature** **Date**