

ARLINGTON COUNTY SHARED AUTHORIZATION TO USE AND EXCHANGE INFORMATION

Individual's Legal Name:		Date:	
Individual's Date of Birth:		SSN Or Client ID # (optional):	
<p>I want the confidential information indicated below to be shared to facilitate effective service delivery. I understand only the minimum necessary information will be shared with staff who have a need to know. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on my signing this authorization form. (Mark all that apply.)</p>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	All of the Below	
<input type="checkbox"/> Y	<input type="checkbox"/> N	Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/> Y <input type="checkbox"/> N Medical Diagnoses, History, and Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Program Participation & Case Worker	<input type="checkbox"/> Y <input type="checkbox"/> N Mental Health Diagnoses, History, and Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Demographics and Family Information	<input type="checkbox"/> Y <input type="checkbox"/> N Substance Use Diagnoses, History, and Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Crisis Management Needs	<input type="checkbox"/> Y <input type="checkbox"/> N Employment History/Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Financial Information	<input type="checkbox"/> Y <input type="checkbox"/> N Educational History/Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Rental/Housing Information	<input type="checkbox"/> Y <input type="checkbox"/> N Criminal Justice History/Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Other:	<input type="checkbox"/> Y <input type="checkbox"/> N Military History/Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Other:	<input type="checkbox"/> Y <input type="checkbox"/> N Other:
This information can be:		<input type="checkbox"/> Exchanged	<input type="checkbox"/> Disclosed (Sent Only)
This information can be shared in these format(s): <input type="checkbox"/> Electronic (e-mail/fax/web) <input type="checkbox"/> Written <input type="checkbox"/> Spoken			
This information can be shared for the following purposes only:			
<input type="checkbox"/> Coordination of services, referral, and treatment		<input type="checkbox"/> Other:	
This authorization is valid until:			
<input type="checkbox"/> Date (within 1 year of date signed)		<input type="checkbox"/> Event (describe)	
<input type="checkbox"/> Limit to a single disclosure – (explain)			
I authorize the staff of the entities checked below to share information among themselves as outlined above necessary for the effective delivery of services.			
Multi-Service		Housing and Shelter	
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington County Department of Human Services	<input type="checkbox"/> Y <input type="checkbox"/> N A-SPAN (Arlington Street People's Assistance Network)
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington County Public Schools	<input type="checkbox"/> Y <input type="checkbox"/> N Volunteers of America
<input type="checkbox"/> Y	<input type="checkbox"/> N	Northern Virginia Family Service	<input type="checkbox"/> Y <input type="checkbox"/> N Bridges to Independence
<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N AHC Inc.
Health		<input type="checkbox"/> Y <input type="checkbox"/> N Arlington Partnership for Affordable Housing	
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington Free Clinic	<input type="checkbox"/> Y <input type="checkbox"/> N Wesley Housing Development Corporation
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington Pediatric Center	<input type="checkbox"/> Y <input type="checkbox"/> N Wesley Property Management
<input type="checkbox"/> Y	<input type="checkbox"/> N	Neighborhood Health	<input type="checkbox"/> Y <input type="checkbox"/> N S.L. Nusbaum Realty Company
<input type="checkbox"/> Y	<input type="checkbox"/> N	Virginia Hospital Center	<input type="checkbox"/> Y <input type="checkbox"/> N AHC Management
Basic Needs		Basic Needs	
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington THRIVE	<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County Department of Parks & Recreation
<input type="checkbox"/> Y	<input type="checkbox"/> N	AFAC (Arlington Food Assistance Center)	<input type="checkbox"/> Y <input type="checkbox"/> N Food for Others

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Individual's Date of Birth:		SSN Or Client ID # (optional):	
Legal		Behavioral Health	
<input type="checkbox"/> Y	<input type="checkbox"/> N	Just Neighbors	<input type="checkbox"/> Y <input type="checkbox"/> N Northern Virginia Mental Health Institute
<input type="checkbox"/> Y	<input type="checkbox"/> N	Offender Aid and Restoration	<input type="checkbox"/> Y <input type="checkbox"/> N Residential Program Center Detox
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington Alcohol Action Safety Program	<input type="checkbox"/> Y <input type="checkbox"/> N Community Residences
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington County Circuit Court	<input type="checkbox"/> Y <input type="checkbox"/> N Fellowship Health Resources
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington Juvenile and Domestic Relations Court	<input type="checkbox"/> Y <input type="checkbox"/> N Early Recovery
<input type="checkbox"/> Y	<input type="checkbox"/> N	District 10 Probation and Parole	<input type="checkbox"/> Y <input type="checkbox"/> N Phoenix House
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington County Sherriff's Pre-Trial Program	<input type="checkbox"/> Y <input type="checkbox"/> N Demeter House
<input type="checkbox"/> Y	<input type="checkbox"/> N	Fairfax County General District Court	Other Youth Court Related Programs
<input type="checkbox"/> Y	<input type="checkbox"/> N	United States Probation Office – Eastern District of VA	<input type="checkbox"/> Y <input type="checkbox"/> N Argus House
<input type="checkbox"/> Y	<input type="checkbox"/> N	Friends of Guest House	<input type="checkbox"/> Y <input type="checkbox"/> N Aurora House
Other (specify organizations below)		<input type="checkbox"/> Y <input type="checkbox"/> N	Young Achiever's Program
<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N Girls Outreach Program
<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N

I understand that my records are protected by Federal, State, and/or Local confidentiality laws and regulations and that they cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke this authorization at any time by written or oral notification. Revocation will not apply to records already furnished in reliance upon this authorization.

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

I acknowledge that the information to be released was explained to me and that this consent is given of my own free will.

Signatures of Individual and/or Substitute Decision Maker Authorizing Disclosure:

Individual's Signature:		Date:	
SDM's Signature:		Date:	
Printed Name of Person Authorizing Disclosure (if not client/individual)			
Person Authorizing Disclosure is:	<input type="checkbox"/> Parent of Minor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Power of Attorney (specify type): <input type="checkbox"/> Other:

Printed Name, Title, and Organization of Staff Completing and Explaining Form:

			Arlington County Department of Human Services
Signature of Staff Completing and Explaining Form:		Date:	
This form was interpreted prior to signature into:	<input type="checkbox"/> N.A.	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: