

UNIVERSAL RELEASE OF INFORMATION (URI)

Ua daim ntawv tso cai no kom tas, qhia thiab sib pauv ntsiab lus txiab xeeb ntawm koj. Qhia nruam lus tso cai yuav tsis tau txais ntsiab lus thov.

Npe (Client Name):

Hnub yug (DOB):

Client Number:

USE AND DISCLOSURE OF HEALTH INFORMATION

Kuv tso cai rau leej twg/koom haum twg teev thiab rau npe nram qab no siv qhia los yog pauv ntsiab lus txiab xeeb

Tso lus rau neeg / Koom haum txais	Chaw nyob (<i>street, city, state, zip code</i>)	Initial
California Department of Rehabilitation		
California Tribal TANF Partnership		
Child and Family Services (CaFS) - GCOE		
Dentist(s):		
Doctor(s):		
Far Northern Regional Center		
First 5 Glenn County		
Glenn County Dept. of Child Support Services		
Glenn County HHSA – Child Welfare Services		
Glenn County HHSA – Drug and Alcohol Programs		
Glenn County HHSA – Mental Health Programs		
Glenn County HHSA – Other: Division _____ and Program _____		
Glenn County HHSA – Public Assistance Programs		
Glenn County HHSA – Public Health Programs		
Glenn County Office of Education (GCOE)		
Glenn County Probation Department		
Glenn County Superior Court/Treatment Court		
Glenn Medical Center/Children’s Center		
Tsev kho mob (Hospital):		
Northern Valley Indian Health		
Rape Crisis Intervention and Prevention		
Tsev kawm ntawv (School District):		
Other:		
Other: pertain		
Other:		

The following information:

- a. Cov ntsiab lus txiab xeeb tsis nyog rau kuv, mob hlwb los yog lub cev thiab tau txais kev kho mob; los yog
 Raws li cov ntsiab lus txiab xeeb teev cia xwb los yog yam txiab xeeb (hnub): _____
- b. Kuv tso cai muab cov ntsiab lus txiab xeeb raws li qhia nram no (kos qhov tsim nyog):
 Tsev xiam hlwb kho tus txiab xeeb¹
 HIV kuaj sim tshuaj (test results)
 Ntsiab lus txiav dej cawv/yaj yeeb

Ib qho tso cai txawv qhiab los yog siv (psychotherapy notes).

PURPOSE

Ntsiab lus siv los yog qhiab: Client request; OR Other:

EXPIRATION

Daim ntawv tso cai no tas sij hawm (hnuv):

¹ If the client requests that mental health information covered by the Lanterman-Petris-Short Act be released to a third party, the physician, licensed psychologist, social worker with a master's degree in social work or marriage and family therapist who is in charge or the client must approve the release. If the release is not approved, the reasons therefore should be documented. The client could most likely obtain a copy of the record himself or herself and then provide the records to the third party, however.

MY RIGHTS

Kuv tsis kam xees daim ntawv tso cai. Qhov kuv tsis kam yuav tsis txiav kuv kev pab kho mob los yog them los yog txais kev pab.²

Kuv yuav tau txais daim ntawv luam los ntawm cov ntsiab lus txiab xeeb yog kuv nug siv los qhia.

Kuv tso tseg daim ntawv tso cai no thaum twg los tau, tabsis kuv yuav tau sau ntawv³ thiab xa mus rau qhov chaw nyob qhia no:

Qhov kuv tsis kam yuav pib thaum tau txais ntawv, dua li ntawd xa mus rau lwm tus yuav tau ntsiab lus.

Kuv muaj cai taxi daim ntawv luam los ntawm daim ntawv tso cai.⁴

Ntsiab lus qhia rau daim ntawv no yuav qhia ntxiv rau tus txais. Raws li daim ntawv rov qhia rau tus txais tsis txwm California txoj thiab federal txoj cai yuav tsis tiv thaiv (HIPAA). Txawm licas, California txoj cai txwv tus neeg txais cov ntsiab lus txiab xeeb qhia ntxiv tom ntej tsis li ntawd tau txais lwm daim ntawv tso cai qhia ntawm kuv lawm los yog qhia raws txoj cai qhia lawmm.

Yog lub box is checked, tus neeg thov yuav tau siv los yog txais cov ntsiab lus qhia txiab xeeb.⁵

SIGNATURE

Hnuv (Date):

Time:

AM / PM

Xees npe (Signature):

(client/legal representative)

Yog lwm tus neeg xees qhia kev txheeb (If signed by someone other than the client, indicate relationship):

Printed Name:

(legal representative)

² If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the provision of an authorization. A covered entity is permitted to condition treatment, health plan enrollment, or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.

³ Clients of federally-assisted substance abuse programs and clients whose records are covered by LPS may revoke an authorization verbally.

⁴ Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 C.F.R. Section 164.508 (d)(1), (e)(2)).

⁵ The requestor is to complete this section of the form.