

UNIVERSAL RELEASE OF INFORMATION (URI)

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

Client Name:

Hnub yug DOB:

Client Number:

USE AND DISCLOSURE OF HEALTH INFORMATION

Kuv tso cai txhua tus/koom haum sau npe ob tug niam ntawv rau nram qab siv qhia thiab pauv ntsiab lus txiab xeeb

Tso cai rau leej twg / Koom haum txais	Chaw nyob (<i>street, city, state, zip code</i>)	Initial
Tsev kawm ntawv (Butte College)		
California Department of Rehabilitation		
California Tribal TANF Partnership		
Kws kho hniav:		
Kws tshuaj:		
Glenn Medical Center/Children's Center		
Tsev kho mob:		
Tsev kawm ntawv:		
First 5 Glenn County		
Far Northern Regional Center		
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)		
GCOE – Child and Family Services		
Glenn County Probation Department		
Glenn County Superior Court/Treatment Court		
Northern Valley Indian Health		
Rape Crisis		
Other:		
Other:		
Other:		

Raws ntsiab lus nram qab no:

- a. Tag nrho cov ntsiab lus txiab xeeb ntawm kuv, mob hlwb los yog lub cev and thiab tau txais kev kho mob; los yog
 Raws li cov ntsiab lus txiab xeeb nkaus xwb los yog (hnub): _____
- b. Kuv tso cai cov ntsiab lus txiab xeeb (check as appropriate):
 - Tsev xiam hlwb kho txiab xeeb (Mental health treatment information)¹
 - Sim mob (HIV test results)
 - Txiaiv dej cawv/yaj yeeb (Alcohol/drug treatment information)

Lwm daim ntawv tso cai yuav tso cai qhia los yog siv (disclosure or use of psychotherapy notes).

PURPOSE

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

EXPIRATION

Daim ntawv tso cai no tas hnuv (date):

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 txiaj ntsig.²

Kuv yuav tau txais ib daim ntawv hais txog yam txiab xeeb kuv nug txog rau tus siv los yog tus 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:

Kuv qhov tsis kam yuav pib thaum thaum tau txais daim ntawv, dua li ntawd xa mus rau lwm yuav tau txais ntsiab lus.

Kuv muaj cai txais ib daim ntawv luam los ntawm daim ntawv tso cai no.⁴

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

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

SIGNATURE

Hnuv (Date):

Sij hawm (Time):

AM / PM

Xees npe (Signature):

(client/legal representative)

Yog lwm tus xees rau 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.