LUTHERAN SOCIAL SERVICES OF SD
AUTHORIZATION FOR RELEASE OF INFORMATION

There are times when Lutheran Social Services of SD will be asked to share your protected health Information with other agencies to create an Integrated approach to service planning and delivery. Please complete this form that will serve as your authorization for the sharing of this information. NOTE: The individual with whom your Information is being shared may NOT be required to ensure the confidentiality of your protected health information.

I, _____ authorize Lutheran Social Services of SD

☒ To disclose to: ☒ To receive from:

_____

_____

(Name or title of person or organization)

The following protected health information from my records. (Specify extent or nature of information to be disclosed.)

- ☒ Family and Social History
- ☒ Medical History
- ☒ Treatment Plan/Progress
- ☒ Discharge Summary
- ☒ Diagnosis
- ☐ Educational Records
- ☐ Substance Abuse Records
- ☐ HIV Related Information
- ☐ Psychological Information/Testing
- ☒ Other, Specify:

Demographic information, insurance, prescriptions, side effects, billing

The purpose of need for such disclosure:

- ☒ For Continuity of Services
- ☐ For the Purpose of Quality Assurance
- ☐ For Supervision
- ☐ To Fulfill Requirement of Purchaser
- ☒ Other, Specify

To determine program eligibility

I have been informed that I have the right to withhold my consent concerning release of confidential material relevant to me or to the person named above.

This consent is active as of the date on the signature line below and (unless expressly revoked earlier) expires upon:

_____

Specify dote, event or condition consent will expire. Expiration may not exceed 90 days for a one time release or one year for a release for ongoing service provision

_____

Signature of Client ***Date***

_____

Signature of Parent, Guardian, legal Representative or Person Authorizing Disclosure (if a minor) ***Date***

_____

Relationship to Client ***Date***

_____ _____

Client Date of Birth ***Client Social Security Number***

LSS Strengthening Individuals, Families & Communities