

Person's Name: \_\_\_\_\_

## **C o n s e n t   f o r   R e l e a s e   o f   I n f o r m a t i o n**

I give my permission for the following persons, organizations, facilities, and programs to release personal healthcare information about me to Transitional Living Services, and for TLS to share personal healthcare information with them, when necessary, in order to allow TLS staff to access the information they need to provide quality treatment or services to me, and to access necessary information for their payment and healthcare operations.

### **Names of specific person, organizations, facilities and/or programs:**

HOPE.network

CNY Developmental Disability Services

Service Coordinator (Name and Agency):

School District:

I give my consent for the period from \_\_\_\_\_ to \_\_\_\_\_ . This consent will automatically expire when I am no longer receiving services from TLS or from the above named persons or places.

I understand that any information that is released will be treated as confidential, and will not be used against my best interests.

I also understand that I have the right to cancel my permission, in writing, at any time.

**TLS service covered by this consent:** **DD Family Supports**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**(over)**

We at TLS want to help you understand how the information you provide to us may be used. You should ask staff for any clarification you want regarding the agency's Privacy Notice. Please feel free to check this notice, which is posted in the reception area at 420 E. Genesee Street, to see if any of the terms have changed since you signed a copy.

If you want to request that TLS restrict the use of information about you beyond the scope of the agency's Privacy Notice, you should put your request in writing and pass that to the Senior Program Director of the service you are receiving. While we are not required to comply with such requests, we will do our best to accommodate you. Once we agree to a restriction, the agreement is binding.

You have the right to revoke your consent, but you must do so in writing and be sure to provide a copy to the supervisor and Senior Program Director of the service you are receiving. Of course, any action TLS has already taken prior to receiving sufficient written notice will not be covered.

Please feel free to ask TLS staff any questions you may have about your rights to privacy.

\*\*\*(the Healthcare Portability and Accountability Act of 1996, as finalized in 2002)