

SUBSTANCE ABUSE PREVENTION AND CONTROL

**AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION
WITHIN SAPC PROVIDER NETWORK**

I. PATIENT INFORMATION

Name (Last, First, and Middle):	Date of Birth:	Medi-Cal Number or My Health LA Number:
Address:		Phone Number:

II. ENTITIES WHO MAY SHARE HEALTH INFORMATION

Option 1 – All Providers within the SAPC Provider Network

I authorize All Providers within the SAPC Provider Network (the provider list is below and referred to as Addendum) that are participating in my treatment to have access to and share my protected health information with each other for the purpose of coordinating my care and treatment. SAPC and its Provider Network will have access to SAPC's electronic health record database that contains my electronic health information.

Option 2 – Select Providers within the SAPC Provider Network

I authorize the following entities listed below that are participating in my treatment to share my protected health information with each other for the purpose of coordinating my care and treatment (*Please enter ALL names of SAPC provider organizations/agencies participating in the exchange of protected health information*):

- _____
- _____
- _____
- _____

III. SCOPE OF DISCLOSURE

I permit the entities listed in Section II to share the protected health information specified below. Disclosure shall be limited to the following information:

- | | |
|---|--|
| <input type="checkbox"/> <u>ALL</u> health information listed here in Section III | <input type="checkbox"/> Drug test results |
| <input type="checkbox"/> Assessment information | <input type="checkbox"/> Laboratory test results |
| <input type="checkbox"/> Case management/care coordination | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Treatment plans | <input type="checkbox"/> HIV/AIDS test information |
| <input type="checkbox"/> Progress notes | <input type="checkbox"/> Primary care records |
| <input type="checkbox"/> Discharge plans / summaries | <input type="checkbox"/> Mental health records |
| <input type="checkbox"/> Other (specify): _____ | |

VII. REVOCATION OF AUTHORIZATION

I wish to revoke my authorization.

*Please send Revocation of Authorization to SAPC, whose contact information is listed above, or your health provider.

Name and Signature of Patient or Patient's Legal Representative:

_____ / _____ / _____
Print Name and Title Signature Month Day Year

If signed by Patient's Legal Representative, state relationship and authority to do so:

VIII. PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to involved providers with the consent of such client. This information has been disclosed to involved providers from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit involved providers from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ADDENDUM

Below is an alphabetical list of substance use disorder (SUD) providers within the SAPC network who are authorized to share health information, as referenced in the above Authorization form. Please circle the relevant SUD providers and enter the other health providers below who will be exchanging health information with this Release Form.

Other Health Providers (if applicable):

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Substance Use Disorder Providers:

Please visit the *SUD Provider Locator* section at <http://publichealth.lacounty.gov/sapc/> for the most current list of providers.

ADDICTION RESEARCH AND TREATMENT, INC.
AEGIS TREATMENT CENTERS, LLC
ALCOHOLISM CENTER FOR WOMEN, INC.
ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA
ALTAMED HEALTH SERVICES CORPORATION
AMERICAN HEALTH SERVICES LLC
AMERICAN INDIAN CHANGING SPIRITS
ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
AVALON-CARVER COMMUNITY CENTER
BAART BEHAVIORAL HEALTH SERVICES, INC.
BEACON HOUSE ASSOCIATION OF SAN PEDRO (THE)
BEHAVIORAL HEALTH SERVICES, INC.
CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
CAMBODIAN ASSOCIATION OF AMERICA

CANON HUMAN SERVICES, INC.
CASA DE LAS AMIGAS
CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES
CHABAD OF CALIFORNIA, INC.
CHILD AND FAMILY CENTER
CHILDREN'S HOSPITAL LOS ANGELES
CLARE FOUNDATION, INC.
CLINICA MONSEÑOR OSCAR A. ROMERO
CRI-HELP, INC.
DIDI HIRSCH PSYCHIATRIC SERVICE
DIVINE HEALTHCARE SERVICES, INC.
EGGLESTON YOUTH CENTERS, INC., D. B. A. EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM
EL PROYECTO DEL BARRIO
ELDORADO COMMUNITY SERVICE CENTER

ETTIE LEE HOMES, INCORPORATED
EXODUS RECOVERY INC
FAMILIES FOR CHILDREN, INC.
GRANDVIEW FOUNDATION, INC.
HACC, INC., D.B.A. HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER
HANNAH'S FIRST STEP TREATMENT CENTER
HELPING KIDS TO RECOVER, INC.
HELPLINE YOUTH COUNSELING, INC.
HIS SHELTERING ARMS, INC.
HOLY ADDICTION CARE CENTER, INC
HOMELESS HEALTH CARE LOS ANGELES, INC.
HOUSE OF HOPE FOUNDATION, INC.
I-ADARP, INC.
JWCH INSTITUTE, INC.

LITTLE HOUSE
LIVE AGAIN RECOVERY HOME, INC.
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
MATRIX INSTITUTE ON ADDICTIONS
MEDI-CURE HEALTH SERVICES, INC.
MELA COUNSELING SERVICES CENTER, INC.
MOTIVATIONAL RECOVERY SERVICES, INC.
NARCOTIC ADDICTION TREATMENT AGENCY, INC.
NARCOTIC PREVENTION ASSOCIATION, INC.
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE - LONG BEACH AREA
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMONA VALLEYS, INC.
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
NEW HOPE DRUG & ALCOHOL TREATMENT PROGRAM, INC.
PACIFIC CLINICS
PACIFIC LODGE YOUTH SERVICES, INC.

PALM HOUSE, INC.
PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
PHOENIX HOUSES OF LOS ANGELES, INC.
PRINCIPLES, INC.
PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH, AND SOCIAL SERVICES
RENAISSANCE SOUTH LA, INC
SAFE REFUGE (original name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.)
SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.
SANTA ANITA FAMILY SERVICES
SHIELDS FOR FAMILIES, INC.
SOCIAL MODEL RECOVERY SYSTEMS, INC.
SOUTH BAY HUMAN SERVICES COALITION
SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
SOUTHWEST CARE, INC.
SPECIAL SERVICE FOR GROUPS, INC.
SPIRITT FAMILY SERVICES
SUNRISE COMMUNITY COUNSELING CENTER

TARZANA TREATMENT CENTERS, INC.
TAVARUA HEALTH SERVICES
TAVARUA MEDICAL REHABILITATION SERVICES D.B.A. ASUZA MEDICAL AND MENTAL HEALTH SERVICES
THE NEW YOU CENTER, INC.
THE PAJO CORPORATION
THE SALVATION ARMY, A CALIFORNIA CORPORATION
TRANSCULTURAL HEALTH DEVELOPMENT, INC.
TWIN TOWN CORPORATION
VALLEY WOMEN'S CENTER, INC.
VAN NESS RECOVERY HOUSE
VOLUNTEERS OF AMERICA OF LOS ANGELES
WATTS HEALTHCARE CORPORATION
WEST COUNTY MEDICAL CLINIC
WEST COUNTY MEDICAL CORPORATION
WESTERN PACIFIC MED-CORP
WILSHIRE TREATMENT CENTER, INCORPORATED
YOU CAN HEALTH SERVICES