

Interagency Information Release Authorization Form

By signing and initialing below, I hereby authorize CCCPHAP (agency) to release & share sufficient information in order to coordinate my care and services with the selected agencies below. This information can only be used in the delivery of HIV/AIDS-related services. This form does not take the place of the required HIPAA consent form or ARIES Consent (Share/Non-Share) form.

Client's Full Name	
Cl. Initial	I understand that the type of information that may be shared includes: <ul style="list-style-type: none"> Completed agency intake, needs assessment, and/ or care plan form(s) Information related to service utilization (required to receive Emergency Financial Assistance) Any other personal information that may be relevant to accessing services.
Cl. Initial	I understand that signing this consent form authorizes the release of my personal information only to agency staff members whose work is specifically related to services provided for my benefit at ANY of the agencies listed below.
Cl. Initial	I understand that all communication between agencies is confidential and does not extend to any other agencies or individuals not listed below. I understand that this authorization may be cancelled (by me) at any time and that if not cancelled will terminate on _____ (maximum one year from signature).

By law, your medical care provider and Contra Costa Health Services are allowed access to your medical case management and other service records.

I give permission to release or share information with the following initialed agency(ies):

Agency	Client Initial	Agency	Client Initial
AIDS Project of the East Bay		Greater Richmond Interfaith Program (GRIP)	
ANKA Behavioral Health, Inc.		Health, Housing & Integrated Service Network (HHISN)	
BAART		Holloman Detox	
Bay Area (Richmond) Rescue Mission		Hospice of Contra Costa County	
*Bay Area Legal Aid		Kaiser	
*Cabulance Comfort		La Clínica de la Raza	
*Contra Costa Interfaith Housing (CCIH)		*Lifelong - Brookside Health Center	
Contra Costa AODS		*Neighborhood House of North Richmond (NHR)	
CC Healthcare for the Homeless		Pathways Hospice and Home Health	
CC Employment and Human Services		*Rainbow Community Center	
Contra Costa Housing Authority		Richmond Interfaith Program and Souper Center	
Diablo Valley Ranch		Shelter, Inc.	
Discovery House		Shelter Plus Care	
Doctor's Medical Centers		Social Security Administration	
East Bay AIDS Center		STAND Against Domestic Violence	
East Bay Community Law Center		Sunrise House	
East County Women's Treatment		Ujima	
Familias Unidas		Veterans Administration	
Frederic Ozanam Center		*YWCA	
*Food Bank of Contra Costa/Solano Counties		Wollam House	
Other:		Other:	

Client Signature: _____ Date: _____
 Provider Signature: _____ Date: _____

ACKNOWLEDGMENT I have received a copy of the Contra Costa County Notice Of Privacy Practices.

Signature _____

*Ryan White System of Care Network Agency. For consent to share, also use ARIES Consent form
 (See back of page for instructions)

Instructions for Interagency Information Release Authorization Form

The purpose of this form is to provide clients the opportunity for informed consent when deciding who their service providers can share private client information with.

- This form allows for the release of client information to the providers selected on the form.
- This form is only to be used to share information with agencies that **do not** participate in ARIES.
- Clients can revoke this permission granted by this form at any time.
- Permission granted by the form terminates after one year from the signature date. This form should be renewed each year, if necessary.
- The service provider must explain to the client the possible impact of this form before the form is completed.
- Clients must initial the space next to an agency name to indicate that they are permitting their service provider to share information with that agency. If the client agrees to share information with an agency that is not listed, the name of that agency should be written in one of the open spaces in the table, and the clients must then initial the space by that name.
- This form does not take the place of HIPAA forms, but the release of information is regulated by HIPAA guidelines.
- Completed original form must be kept in the client's file.
- **Agencies/Programs participating in the Ryan White System of Care Network must use the ARIES Consent (Share/Non-Share Form)** when requesting clients' permission to share their information. These programs are:
 - Contra Costa County AIDS Program – Medical Case Management, ADAP, (Administrator for Dental, Emergency Financial Assistance)
 - Contra Costa Interfaith Housing – Housing Advocacy
 - Cabulance Comfort - Transportation
 - Food Bank of Contra Costa and Solano – Food Services, Medical Nutrition Services
 - LifeLong – Brookside – Medical Case Management
 - Neighborhood House of North Richmond – Substance Abuse, Health Education/Risk Reduction
 - Rainbow Community Center – Food Services, Health Education/Risk Reduction
 - East Bay Legal Aid – Legal Services
 - YWCA of Contra Costa County/Sacramento – Mental Health Coordination, Substance Abuse
- Some agencies may be both a Network agency and a non-Network agency, depending on how its programs are funded. An agency program which is funded with Ryan White dollars will be required to use an ARIES Consent (Share/Non-Share Form) when serving clients through this program. This same agency may operate another program which is funded from a different source. If a client is served by this program, the agency will be required to use the Interagency Information Release Authorization Form in order to coordinate care.