

Jefferson County Options for Long Term Care

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

In order to facilitate the administration of my public assistance benefits by the Long Term Care Single Entry Point System, Jefferson County Options for Long Term Care (Jeffco OLTC), I hereby authorize my physician and any other health care provider, including but not limited to hospitals, pharmacies, medical equipment suppliers, home health agencies, homemaker and personal care providers insurance carriers and other social services organizations including Developmental Disabilities Resource Center (DDRC), mental health service providers, to release my Protected Health Information (PHI) to Jeffco OLTC.

I understand that the case managers of the Jeffco OLTC are endeavoring to coordinate my health and wellness in the least restrictive placement setting. Towards that goal, I authorize my case manager to discuss my care and treatment with those same individuals and agencies described in the proceeding paragraph, understanding that in so doing, protected health information may necessarily be exchanged or disclosed by the case manager.

In addition I am authorizing the release of my protected health information by the Jeffco OLTC to the following designated individual(s):

Name & Relationship:
Address:
Phone:

My protected health information (PHI) is being released to Jeffco OLTC, its agents and subcontractors, for use in determining my eligibility for services, for case management or supervision of my services, for analyzing and determining what services I should receive, or to obtain other services for me through the Department of Human Services, the State of Colorado, or the United States. Medical information provided pursuant to this disclosure may be subject to re-disclosure to an Administrative Law Judge or other agent of the State of Colorado in the event I appeal a determination regarding my eligibility for benefits.

This authorization will expire one year from the date it is signed. If you intend to revoke the authorization sooner, you must provide written revocation to your case manager at: Jefferson County Human Services, 900 Jefferson County Parkway Room 170, Golden, CO 80401.

X

Signature

Date

Name

**PROVIDE A COPY TO THE PERSON SIGNING THIS AUTHORIZATION.
RETAIN THIS AUTHORIZATION 6 YEARS AFTER ITS EXPIRATION.**