LOS ANGELES COUNTY
JUSTICE CARE AND OPPORTUNITIES DEPARTMENT

INFORMATION SHARING CONSENT FORM

PLEASE READ:

By signing this form, you agree to participate in services coordinated at the DOORS Reentry Center at 3965 Vermont Avenue, Los Angeles, CA 90037. DOORS service providers and other people involved in your treatment and care, need to be able to talk to each other about your care. They also need to share information with each other to provide you with better service.

If you agree and sign this form, the DOORS providers/partners that you have listed on page two of this form are allowed to obtain, read, copy, and share with each other your health and service information in order to coordinate your care. The health information may be from before and after the date you sign this form. Your health records may have information about illnesses or injuries you had, medical and mental health diagnosis; test results, x-rays, or blood tests; services and support you are receiving; and the medicines you are now taking or have taken before.

(Name of Client/Applicant/Consumer) _____

(Social Security Number) _____ (Date of Birth) _____

I hereby authorize:

(Name of Provider/Agency) _____

to release or obtain the following specific information (circle all that apply):

☐ ***Assessment/Evaluation*** ☐ ***Psychological Test Results Diagnosis*** ☐ ***Laboratory Results***

☐ ***Medication History/Current Medication Treatment*** ☐ ***Substance Treatment*** ☐ ***Criminal History***

Entire Record (Justify): _____ Other (Specify): _____

This information may be used only for the purpose of: ☐ **Coordinating Services** ☐ **Referral/Linkage**

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed to determine eligibility for housing and/or other social services. This consent is valid only until:

(Date Consent Expires) _____

(1 year from the date of signature)

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Client Signature _____ (Date) _____

Parent/Legal Guardian Name _____ Parent/Legal Guardian Signature_____

Current, mailing or former address _____

Telephone Number _____ Email Address _____

Consent Witnessed By: (Staff signature if different from witness) _____

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations prohibit further disclosure without specific written consent from the person to who it pertains.