



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 Birt	h:	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 Provided I authorize All Providers within the SAPC Provided Addendum) that are participating in my treatment to each other for the purpose of coordinating my care to SAPC's electronic health record database that contains the same of the sam	ider Network o have access and treatment	to and share my protest. SAPC and its Provident	tected health information with ider Network will have access			
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 (<i>Please enter ALL names of SAPC provider organizations/agencies participating in the exchange of protected health information</i>): • • • • • • • • • • • • •						
III. SCOI	PE OF DISC	LOSURE				
I permit the entities listed in Section II to share the protected health information specified below. Disclosure shall be limited to the following information:						
 ☐ ALL health information listed here in Section I ☐ Assessment information ☐ Case management/care coordination ☐ Treatment plans ☐ Progress notes ☐ Discharge plans / summaries 	□ L □ N □ H □ P	Orug test results Laboratory test results Medications HIV/AIDS test inform Primary care records Mental health records	nation			
☐ Other (specify):						

Rev 01/13/17

IV. EXPIRATION OF AUTHORIZATION

This Authorization will automatically expire ONE YEAR after the date listed in Section VI, after the signature of the patient or legal representative.

V. OTHER IMPORTANT INFORMATION

By signing this Authorization, I understand that:

- My alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.
- This Authorization is voluntary and I do not need to sign this Authorization in order to receive treatment, enroll in services, or for payment for my health care.
- I have a right to receive a copy of this Authorization. A copy of this Authorization is as valid as the original.
- However, if information related to drug or alcohol abuse or HIV/AIDS treatment is shared, that information cannot be re-disclosed except with another Authorization.
- I have the right to revoke this Authorization at any time in writing unless the entity disclosing my health information already shared my information before receiving my revocation. I may use the Revocation of Authorization at the bottom of this form to terminate this Authorization, and may mail or deliver the revocation to the Substance Abuse Prevention and Control (SAPC) or my health provider.

Once my Revocation of Authorization is received, SAPC and/or my provider will cancel the Authorization and notify all involved parties of its cancellation.

VI. SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

I have read and understand the content of this Authorization. I am signing the Authorization voluntarily, and h

ame and Signature of Patient o	r Patient's Legal Representative:	
Print Name	Signature	Month Day Y
signed by Patient's Legal Rep	esentative, state relationship and au	thority to do so:
signed by Patient's Legal Rep	resentative, state relationship and au	thority to do so:
signed by Patient's Legal Rep	resentative, state relationship and au	thority to do so:
	Providers or Agency/Clinic Represe	

Rev 01/13/17 2

☐ I wish to revoke my authorization. *Please send Revocation of Authorization.		
provider.	tion to 5711 C, whose contact info	ormation is listed above, or your nealtr
Name and Signature of Patient or Pa	atient's Legal Representative:	
		/
Print Name and Title	Signature	Month Day Year

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.

Rev 01/13/17 3

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 document.

Other Providers (if applicable):		
1	3	
2	4	
Substance Use Disorder Providers: Please visit the SUD Provider Locator se	ection at http://publichealth.lacounty.gov/sapc/	for the most current list of providers.
ADDICTION RESEARCH AND TREATMENT, INC.	CANON HUMAN SERVICES, INC.	ETTIE LEE HOMES, INCORPORATED
AEGIS TREATMENT CENTERS, LLC	CASA DE LAS AMIGAS	EXODUS RECOVERY INC
ALCOHOLISM CENTER FOR WOMEN, INC.	CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES	FAMILIES FOR CHILDREN, INC.
ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA	CHABAD OF CALIFORNIA, INC.	GRANDVIEW FOUNDATION, INC.
ALTAMED HEALTH SERVICES CORPORATION	CHILD AND FAMILY CENTER	HACC, INC., D.B.A. HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER
AMERICAN HEALTH SERVICES LLC	CHILDREN'S HOSPITAL LOS ANGELES	HANNAH'S FIRST STEP TREATMENT CENTER
AMERICAN INDIAN CHANGING SPIRITS	CLARE FOUNDATION, INC.	HELPING KIDS TO RECOVER, INC.
ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.	CLINICA MONSENOR OSCAR A. ROMERO	HELPLINE YOUTH COUNSELING, INC.
AVALON-CARVER COMMUNITY CENTER	CRI-HELP, INC.	HIS SHELTERING ARMS, INC.
BAART BEHAVIORAL HEALTH SERVICES, INC.	DIDI HIRSCH PSYCHIATRIC SERVICE	HOLY ADDICTION CARE CENTER, INC
BEACON HOUSE ASSOCIATION OF SAN PEDRO (THE)	DIVINE HEALTHCARE SERVICES, INC. EGGLESTON YOUTH	HOMELESS HEALTH CARE LOS ANGELES, INC.
BEHAVIORAL HEALTH SERVICES, INC.	CENTERS, INC., D. B. A. EGGLESTON SUBSTANCE ABUSE AND EDUCATION	HOUSE OF HOPE FOUNDATION, INC.
CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.	PROGRAM EL PROYECTO DEL BARRIO	I-ADARP, INC.
CAMBODIAN ASSOCIATION OF AMERICA	ELDORADO COMMUNITY	JWCH INSTITUTE, INC.

Rev 01/13/17 4

SERVICE CENTER

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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

Rev 01/13/17 5