



# COMPANION TO THE AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH AND SOCIAL SERVICE INFORMATION (ADULT)

## **Overview of this Form**

This document describes what is on the Authorization for the Use and Disclosure of Health and Social Service Information (“Authorization Form”).

## **Overview of Authorization Form**

The County of Los Angeles operates programs that provide services to you or obtain benefits for you through various County Departments (or “County Programs”). The goal is to help you get services and benefits to improve your health.

“County Programs” are programs that provide services to you or help you obtain benefits through the following County Departments:

- Department of Health Services (DHS)
- Department of Mental Health (DMH)
- Department of Public Health (DPH), including the Substance Abuse Prevention and Control (DPH-SAPC)
- Department of Public Social Services (DPSS)
- Justice, Care and Opportunities Department (JCOD)
- Department of Homeless Services and Housing (HSH) (effective 1/1/2026)

Many types of organizations work as partners of County Programs. Some organizations may be contractors or subcontractors. These organizations work to provide, coordinate, or pay for these services or benefits, such as:

- Health care providers
- Mental health providers
- Substance use disorder providers
- Social service providers
- Managed care plans
- Housing and assisted living providers
- Meal service providers
- Legal providers who assist you in obtaining benefits or services
- Community organizations that provide or coordinate services, including to persons involved with the justice system

## **Why do you need to share my information?**

We need to share your health information to:

- See if you are eligible for services or benefits provided by County Programs or through other resources and/or for Medi-Cal enrollment and benefits
- Coordinate your health care and community supports
- Communicate with your treating providers and organizations and social service providers
- Provide you with treatment and related services
- Receive payment for the services
- Conduct quality, reporting, and evaluation activities
- Carry out related County Program activities

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Signing the Authorization Form allows the County Programs to receive, use, and share your information. We only share your information to best help you receive services and benefits.

## Who can provide my information to County Programs?

- Your current, past, and future treating providers, health plans and third-party payers, and organizations that work with County Programs that are listed in Attachment A.

## Who can use my information?

- Your treating providers (including County Program subcontractors, as noted above)
- Health plans and third-party payers
- Other organizations that work with County Programs, which are listed in Attachment A.

These providers, health plans and third-party payers, and other organizations may use your information for future treatment, payment, and health care operations and any of the purposes described above as allowed by federal law or by the Authorization Form.

## What information of mine will be shared?

Information about:

- Your general information, such as age and sex
- Your medical, mental health, or substance use history
- Your social service information (including CalFresh, Special Supplemental Nutrition Program for Women, Infants, and Children (“WIC”), General Relief, CalWorks, Cash Assistance Program for Immigrants, Medi-Cal, Homeless Management Information System/Housing Records, and other public benefits that you may apply for and/or receive)
- Treatment and/or services you receive

## What do I authorize you to do with my information?

- To see if you are eligible for programs, benefits, or other resources
- To enroll you in programs
- To coordinate your care and treatment
- To communicate and work with your other providers
- To connect you with social services
- To receive payment for services we provide
- To improve and evaluate our programs
- To carry out other County program activities

Certain types of health information are more sensitive, such as information about mental health, substance use disorder, and/or HIV/AIDS. For certain sensitive services, you have the right to authorize us to disclose this information by signing the Authorization Form.

You do not have to agree to share all sensitive information. You can specifically decide whether or not to share the following information:

- Information from health care providers about your mental health diagnosis or treatment that is protected under Welfare and Institutions Code § 5328 (excluding psychotherapy notes).
- Information from substance use disorder treatment programs (includes substance use disorder diagnoses and medications, inpatient stays and outpatient visits or residential

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treatment, provider names and contact information, and names of the treatment programs) that is protected under 42 C.F.R. Part 2 and/or State law (excluding substance use disorder counseling notes). You may ask for a list of all groups that have received your substance use disorder information.

- Information about your HIV/AIDS test results.

However, if you do not agree to share all sensitive information, information may not be available to the County Programs and other organizations that work with you. Therefore, your participation in County Programs may be limited and in certain cases, you might not receive care coordination services. If you do not have any information about mental health or substance use disorder now, you should check the box anyway to ensure that your health information may be shared without restrictions if such information is added in the future.

The Authorization Form does not apply to psychotherapy notes or substance use disorder counseling notes. Treating providers must obtain a separate authorization to disclose these types of information. Additionally, the Authorization Form does not permit disclosures of substance use disorder, Reproductive Health information, or medical information on abortion/abortion-related services for civil, criminal, administrative, or legislative proceedings against you. Also, the Authorization Form does not permit sharing of medical information on abortion/abortion-related services with persons from out-of-state or federal law enforcement agencies.

### **When does this Authorization Form expire?**

- The Authorization Form expires when you stop receiving services from County Programs.

### **How do I change or cancel this Authorization Form?**

- You can change or cancel the Authorization Form to share your information at any time.
- To make changes or cancel the Authorization Form, you can first talk to your service provider or case/care manager and let them know that you would like to change or cancel the form. At that time, you can either change or cancel the Authorization Form.
- A new Authorization Form or Revocation Form will be completed and signed by you to either change or cancel your information sharing.
- If you wish to change or cancel your information sharing, the cancellation will not apply to information shared prior to receiving the updated Authorization Form or Revocation Form.

### **When does my cancellation of the Authorization Form take effect?**

- The cancellation takes effect after we receive the Revocation Form.

### **What else is important for me to understand?**

- Laws allow health care providers to share your health information for certain purposes without your consent. They can share information to:
  - Treat you and coordinate your care;
  - Get paid; and
  - Operate programs.
- This Authorization does not change the information that may be shared under those laws.
- You may ask us to NOT share some of your sensitive information. You can limit sharing with certain groups. The County may not be able to comply with all of your requests.
- When we share your information, it may be re-shared with others.

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- Federal or California privacy laws may not apply to some of the data once it is re-shared.
- Your ability to receive medical services, treatment, or public social services does not depend upon whether you sign the Authorization Form. If you do not sign the Authorization Form, County Programs may not be able to share data to coordinate your services, and you may not be able to participate in certain County Programs.
- You have the right to:
  - Inspect or get a copy of your health and social services information that is shared through this Authorization Form.
  - Refuse to sign the Authorization Form.
  - Receive a copy of the Authorization Form.

By signing the Authorization Form, you allow us to receive, use, and share your information as described above.

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**Attachment A**

**Organizations that Work with County Programs (for Payment, Benefits Advocacy, etc.)**

**Health Plans, Federal, State and Local Organizations**

Anthem Blue Cross/Care  
Health Net  
Blue Shield Promise  
LA Care  
Molina Health Care  
Kaiser Permanente  
Senior Care Action Network ("SCAN")  
U.S. Social Security Administration Disability Determination Services  
U.S. Veteran's Administration  
Centers for Medicare and Medicaid Services  
California Department of Health Care Services  
California Department of Social Services  
California Department of Developmental Services  
LA Homeless Services Authority  
LA County Department of Children and Family Services  
LA County Department of Military and Veterans Affairs  
LA Cash Assistance for Immigrants Program ("CAPI")

**Federal, State and Local Organizations**

U.S. Social Security Administration Disability Determination Services  
U.S. Veteran's Administration  
Centers for Medicare and Medicaid Services  
California Department of Health Care Services  
California Department of Social Services  
California Department of Developmental Services  
LA Homeless Services Authority  
LA County Department of Children and Family Services  
LA County Department of Military and Veterans Affairs  
LA Cash Assistance for Immigrants Program ("CAPI")

**CBEST Participant Organizations (Benefits Advocacy)**

Inner City Law Center  
Legal Aid Foundation of Los Angeles ("LAFLA")  
Health Advocates  
Lutheran Social Services  
Los Angeles County Department of Consumer and Business Affairs  
Special Services for Groups  
St. Joseph's Center  
Tarzana Treatment Center  
The Catalyst Foundation  
Volunteers of America  
Watts Community Action Labor Committee ("WLCAC")