How to complete the Authorization for Release of Information Form UNI-16

Information requested	What to enter	Example
Name	Write first name, middle name or initial, and last name of the individual whose information is to be released.	Joanne Quincy Adams Joanne Q. Adams
Medicaid number	Enter the Medicaid number that identifies the individual.	123456789
Date of birth	Enter the birth date (as *dd/mm/yyyy*) of the individual whose information is to be released.	10/14/1964
Other names under which records might be filed	Write other names the individual has used, such as nicknames or a different first or last name, that would help find records that might be filed under a different name	Joanne Smith Joanie Adams
Party that is to receive information	Enter the name of the individual care coordinator or care coordination agency that may **receive** information about the individual.	George Jones, care coordinator **or** Good Job Care Coordination Agency
Party that is to release information	Enter the name of **one** party (individual, provider, or organization) that may **release** information to the party that will receive the information.	Dr. B. Spock **or** Group Medical Services **or** Blue Flag School **or** Eight Stars Home
Description of information to be released	Enter a description of the types of information about the individual that the releasing party is to release.	Verification of diagnosis, medical history, discharge summary or plan, case notes, progress reports, test results
Authorization expiration date	Enter a date (as *dd/mm/yyyy*), period of time (years), or event when the individual wants the Authorization for Release of Information to end	7/31/25 **or** 1 year **or** 5 years **or** when waiver eligibility ends
Signature of individual, legal representative, or witness	Signature of individual whose information is to be released, or signature of legal representative (for example, parent of minor or person with power of attorney for the individual), or a witness (if the individual signs with a mark)	***Joanne Q. Adams***
Printed name of legal representative/witness	Print the name of legal representative or witness if either person signed on behalf of the individual	James Smith
Description of authority	Describe the relationship; for example, “mother” for minor, “power of attorney” or “court-appointed guardian” or “witness”	Mother; court-appointed guardian; witness
Revocation	The signed authorization may be revoked at any time; the revocation must be in writing on a form that specifies it is a revocation of that authorization, such as State of Alaska form *06-5872 Revocation of Authorization for Release of Information*	