

DHSS ROI INSTRUCTIONS

The elements of this form described below (1-5) and marked with an asterisk (*) MUST BE COMPLETED. There are NO exceptions. Incomplete authorization forms are invalid and CANNOT BE PROCESSED.

1. **Client Information ***: Enter the Name, Case # or Client ID, and Date of Birth (if known) of the individual whose information (PHI) is being released or requested. At least one identifier other than name must be present – e.g. DOB or Case # or Client ID
2. **Organization Releasing and Receiving Information ***: Enter “DHSS” and/or “Division Name” or “Program Name” ONLY on either the Releasing line or Receiving line depending on whether the Department or Division is receiving information or releasing information. **DO NOT enter specific DHSS employee names!** The client or client’s representative should indicate a specific name (and address, if known) of the individual(s) or organization(s) receiving or releasing the information. Multiple individuals/organizations may be specified on a single authorization if they are ALL receiving the same information and are clearly specified. Use additional authorizations if individuals/organizations are receiving different information or if there is not enough room on a single authorization to clearly specify multiple individuals/organizations on the Receiving Information lines.
3. **Description of Information to be Released ***: A specific description of the information that is being requested or released should be indicated. Detail is not required, but is preferred. For example, “*Medical and mental health records*” rather than “*All information you have*”. If alcohol or other substance abuse information is being released or requested, this must be explicitly stated in the description. For example, “*Medical and mental health records, including alcohol or substance abuse records*”.
4. **Expiration Date/Event ***: Enter a date or event that is reasonable and acceptable to the client or client’s representative. For instance, “*One year from the date of this authorization*” is generally accepted as a reasonable expiration date.
5. **Signatures & Dates ***: The individual whose PHI is being released or requested should sign and date the form. If the individual is a minor, or is otherwise not able to sign the form, the individual’s authorized legal representative or witness should sign and date the form. If an authorized legal representative is signing the form on behalf of the client, the representative’s “legal authority” to act on the part of the individual must be verified first and then described in the appropriate space. Legal authority includes but is not limited to a parent who signs the form for a minor child or an individual who has power of attorney over the affairs of the individual whose PHI is being released or requested.

6. **Revocation Date:** The revocation date on the reverse side of this form (or represented as page 2) does NOT need to be completed UNLESS the individual has revoked this authorization using form 06-5872 Revocation of Authorization. If revoked, a copy of the revocation should be attached to this form & the date of revocation noted on the front of this form.

7. **ALL authorization forms MUST be retained for SIX (6) YEARS from the date of signature.** This form should be stored in the client file, if one is maintained. Some programs have procedures requiring the form, or a copy of the form be retained solely or additionally by the Division Privacy Official. Please refer to the appropriate Division or Program specific procedures or inquire with your Division Privacy Official regarding any additional retention requirements of authorization forms.

8. If requested, provide a copy of this authorization to the client or client's representative.