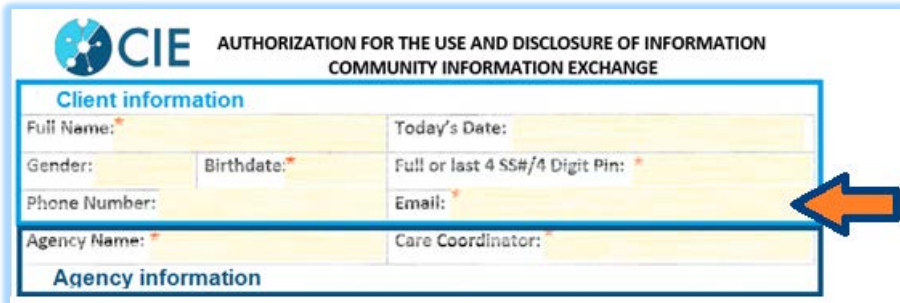


Electronic Authorization Guide

1. **Go to:** <https://tinyurl.com/y4co8q4b> (English) <https://tinyurl.com/y4a9qj2j> (Español)
2. Enter their information at the top of the page, as well as your agency's name and your name in the Care Coordinator box.



**CIE AUTHORIZATION FOR THE USE AND DISCLOSURE OF INFORMATION
COMMUNITY INFORMATION EXCHANGE**

Client information	
Full Name: *	Today's Date:
Gender:	Birthdate: *
Phone Number:	Full or last 4 SS#/4 Digit Pin: *
Agency Name: *	Email: *
Agency information	
Care Coordinator: *	

A copy of the signed form will be sent to the email address entered here. If the client does not have an email address, enter an email address associated with your agency or CIEpartners@211sandiego.org

3. Unless specified on the line below, this consent form will be in effect for up to 10 years by default.

Notice of Privacy Practices posted at www.ciesandiego.org/cie-participants explains how CIE uses and protects information, how to get a copy of this Authorization and your record. You can revoke this authorization at any time by sending notice to CIE at revoke@211sandiego.org, allowing a minimum of **five business** days to process. Revocation will not affect any information previously disclosed in reliance on this Authorization. Unless revoked earlier, this Authorization will expire in **Ten (10) Years, or on the following Date:** _____

4. This checkbox should be marked if the client will be seeking services or referrals through CIE related to sensitive health conditions as listed in the box below.

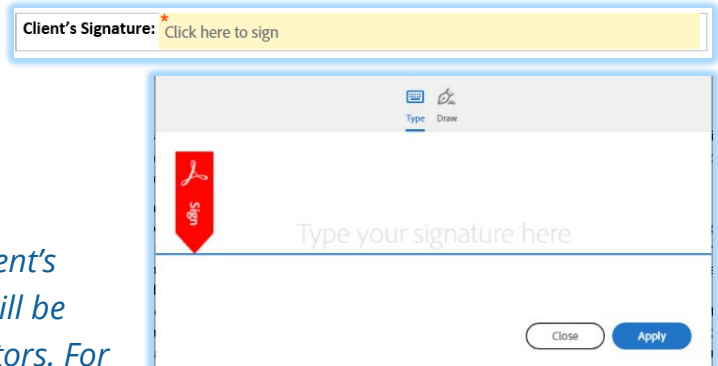
I authorize for CIE to use and disclose information relating to, Drug/Alcohol/Substance Abuse, Mental Health, and HIV/AIDS.

5. **Click the "Client's Signature" field at the bottom of the page.**

A window will pop-up where the client may sign by typing, using a stylus or mouse.

Once they sign, click "Apply".

Once their consent form has been submitted, the client's consent will be transferred to CIE and their profile will be accessible within 7 business days for Care Coordinators. For support, email ciepartners@211sandiego.org



Client's Signature: * [Click here to sign](#)

Type your signature here

Close Apply