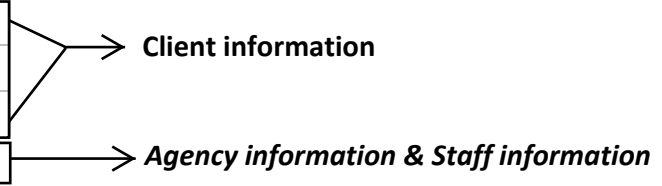




CIE Authorization HELPTXT: This document includes guiding language per section of the

"AUTHORIZATION FOR THE USE AND DISCLOSURE OF INFORMATION COMMUNITY INFORMATION EXCHANGE"

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



-----HELPTXT-----

-----Authorization Text-----

You are authorizing Infoline of San Diego County, dba Community Information Exchange (CIE) and its Partner Agencies to use, store and share your personal, financial and health information with each other in order to assess your needs, coordinate your care and provide services to you. Partner Agencies participating in the CIE are listed at www.ciesandiego.org/partners.

Infoline of San Diego County refers to 2-1-1 San Diego. Partner Agencies refers to the Community Information Exchange (CIE) Partners who are permitted to share information about clients for the purpose of care coordination as stated in the Business Agreements and Participation Agreements between CIE Partners.

This Authorization covers, without restriction, all information disclosed and re-disclosed to CIE by you, your family, Partner Agencies including your care team, or any other person involved in your care while this Authorization is in effect. CIE and its Partner Agencies may share your personal, financial and health information. By providing your consent, you specifically authorize CIE to use and disclose information relating to Drug/Alcohol/Substance Abuse, Mental Health, HIV/AIDS. You agree to notify CIE if your information changes or is incorrect. Information disclosed pursuant to this Authorization may be re-disclosed and no longer be protected under applicable privacy laws. However, your information will still be protected under our Participation Agreement with our Partner Agencies. Your refusal to sign this Authorization will not adversely affect your ability to receive health care or services from Partner Agencies.

This describes the types of information that can potentially be shared as part of care coordination. Some types of information, including sensitive health information may or may not be applicable to all persons. Individuals should be advised that the type of information provided only relates to the types of services they may be connected to as part of their care.

Although some privacy laws, e.g. Health Information Portability Accountability Act (HIPAA) are not applicable to non-covered entities, client and patient information is safeguarded under the conditions of the Participation Agreement between partners, and is protected by law.

Notice of Privacy Practices posted at www.ciesandiego.org/privacy 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:** _____.

This directs the client to the CIE website if they would like more information. If the client decides to revoke their consent, their profile will no longer be accessible by CIE Partners and no new information will be shared thereafter. The ten year span is recommended to maintain the continuity of care and reduce the number of times an Authorization need be renewed.

If you agree, sign your name below:
 Client's Signature: _____

—————> **The client's signature serves as their agreement to the above terms.**

Note: This form may not be used as a substitute for a signed Authorization.