**COMMUNITY CARE TEAM**

**AUTHORIZATION TO RELEASE / OBTAIN PROTECTED INFORMATION**

Individual’s name: Date of Birth:

I**, ,** authorize the

*(PLEASE PRINT Individual’s name, same as above)*

Strafford County and Seacoast Public Health Networks and all of their Community Care Team (CCT) members to disclose and discuss my health care information, including any mental illness, substance use disorders, HIV- related information and state benefit and/or housing status so that the CCT may help me get assistance by making recommendations and referrals to meet my needs.

# I understand that:

* Information in my health record about any alcohol and/or substance use treatment is protected under federal laws. It cannot be shared without my written permission unless stated otherwise in the law *42 CFR, Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164*.
* This authorization form does not authorize the release of written or electronic copies of my medical records. It only authorizes discussion regarding my health and care amongst the agencies listed above.
* All members of the CCT sign confidentiality statements and promise to keep my information private. However, if a CCT member is not a health care provider or health plan, or is not covered under federal privacy laws, the released information may not be protected.
* I can cancel this authorization at any time by telling **any member of the CCT** or by notifying the Seacoast and/or Strafford County Public Health Networks at SCPHN@GoodwinCH.org and Info@seacoastphn.org and my health information will no longer be shared at the CCT meetings. The cancellation will not apply to information that has already been disclosed. If I do not want to participate with the CCT, this will **not** limit my treatment, payment, enrollment, or eligibility for benefits.
* This permission shall expire one year from the date of my signature below.

# I have read this form and have had any questions answered.

**I understand the purpose of this form is to authorize permission for the organizations who are members of the Community Care Team to discuss my health and personal information, including alcohol and/or substance use treatment information.**

**I have been offered a copy of this signed release.**

**Individual’s Signature Date**

**Parent/Guardians Signature (if applicable)**

**Name of Reviewer Organization** *(Must be current CCT member listed on page 2)*

***CCT Member:*** *Upload document to* [*Drop Box*](https://www.dropbox.com/request/syT7YfHAvpzrUNnzYb2L) *or visit* [*SCPHN.org*](http://www.scphn.org/) *or* [*SeacoastPHN.org*](http://www.seacoastphn.org) *to find link*

**Seacoast & Strafford County CCT members:**

AmeriHealth Caritas Beacon Health Strategies

Brain Injury Association of NH

Community Action Partnership of Strafford County Community Partners

Connections Peer Support Center Core Physicians

Cornerstone VNA Cross Roads House Dover, City of

Dover Fire and Rescue Dover Housing Authority Exeter, City of

Exeter Hospital

Exeter Housing Authority

Families First of the Greater Seacoast Families in Transition (FIT) Farmington, Town of

Frisbie Memorial Hospital Fresenius Medical Care Goodwin Community Health

Granite United Way - Greater Seacoast Greater Seacoast Community Health Haven

Healthcare Lite Home for All (GUW) Hope on Haven Hill Infinity Peer Support Lamprey Health Care

NH DHHS Bureau of Elderly and Adult Services NH Harm Reduction Coalition

NH Healthy Families

# For CCT use only

OneSky Community Services Portsmouth, City of Portsmouth Health Department Portsmouth Housing Authority Portsmouth Regional Hospital Red’s Good Vibes

Rochester, City of Rochester Housing Authority Rockingham VNA

Safe Harbor Recovery Center Seacoast Mental Health Center Seacoast Pathways/Granite Pathways ServiceLink of Rockingham County ServiceLink of Strafford County SNHS/Rockingham Community Action Somersworth, City of

Somersworth Housing Authority

SOS Recovery Community Organization

TASC-Transportation Assistance for Seacoast Citizens Volunteers in Medicine

Waypoint Well Sense

Wentworth-Douglass Hospital Willand Warming Center

Date revoked:

Name & Organization of CCT member receiving revocation:

Signature of CCT Member: