



Patient Label

COMMUNITY CARE TEAM AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL INFORMATION

Section 1: Who may discuss or disclose my confidential medical information?

I hereby authorize Saint Francis Hospital and Medical Center, 114 Woodland Street, Hartford, Connecticut, 06105, to discuss and/or disclose information from my medical records as described below.

Section 2: Who may receive my confidential medical information?

I authorize Saint Francis Hospital and Medical Center as part of its participation in the Community Care Team (CCT) to discuss and/or disclose my confidential medical information with or to the following individuals or organizations that are members of CCT:

Advanced Behavioral Health, Inc.	CT Addiction Medicine, LLC.	My Sisters' Place
Aetna Ambulance Services, Inc.	Department of Mental Health & Addition Services (DMHAS)	New England Home Care
AIDS CT	First Choice Health Centers	Saint Francis Behavioral Health Group, P.C.
American Medical Response, AMR	Greater Hartford Harm Reduction Coalition	Saint Francis Healthcare Partners, Inc.
Atlas Behavioral Health Outlook	Guardian Ad Litem Services, Inc.	Saint Francis Hospital & Medical Center
Beacon Health Options	Hands on Hartford	Salvation Army
Blue Hills Hospital	Harriott Home Health Services	South Park Inn, Inc.
Capitol Region Mental Health Center	Hartford Behavioral Health	Tabor House
Catholic Charities/Institute for Hispanic Families (IHF)	Hartford Dispensary	The Connection
Charter Oak Health Center	Hartford Healthcare, Inc. (inc. Institute of Living)	The First Church of Christ in Hartford
Chrysalis Center, Incorporated	Health Care Resources Centers Hartford, HCRC Hartford	The House of Bread, Inc.
City of Hartford Department of Health & Human Services	Hispanic Health Council	The Open Hearth
City of Hartford Department of Public Health	iCare Management (Touchpoints)	The Village for Families & Children
Clean Slate Centers	ImmaCare, Inc.	U.S. Department of Veteran Affairs
Community Health Network of Connecticut, Inc.	InterCommunity, Inc.	Wheeler Clinic
Community Health Resources	Interval House	YWCA Hartford Region
Community Health Services	John Dempsey Hospital	Other Agencies (Listed Below)
Community Partners in Action	Journey Home, Inc.	_____
Community Renewal Team	Loaves & Fishes Ministries, Inc.	_____
Community Solutions	Malta House of Care	_____
Connecticut Community for Addiction Recovery (CCAR)	Mercy Housing and Shelter Corporation	

Section 3: What information may be discussed and/or disclosed?

I authorize the following information to be discussed and/or disclosed:

Any and all medical information with respect to the treatment at Saint Francis Hospital and Medical Center of the patient named below, including information relating to diagnosis or treatment of mental health or drug or alcohol abuse and/or confidential HIV related information.



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Section 4: What will my confidential medical information be used for?

I understand that the purpose of disclosing my confidential medical information is to help Saint Francis coordinate with other CCT members my health care, housing, care management and other needs, including the development of treatment plans, coordinating medical appointments, obtaining prescription medications, and other necessary services to ensure my health and wellbeing.

Section 5. Other Important Information

I understand that Saint Francis Hospital and Medical Center may not condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand I have the right to revoke this authorization at any time by notifying Saint Francis Hospital and Medical Center in writing at the address above. I understand the revocation will not apply to information that has already been released in reliance on this authorization.

I understand any discussion or disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected under state or federal confidentiality rules. **I also understand that if the Protected Health Information that is disclosed under this Authorization is confidential HIV/AIDS related information or alcohol or drug abuse related information, the recipient may not re-disclose that information under Connecticut State Law.**

A photocopy of this original shall be valid as the original.

This authorization shall be valid until _____.

If I do not specify an expiration date, event or condition above, this authorization shall expire 180 days from the date of signature.

Name of Patient: _____ (please print) Date: _____

Name of Authorized Representative: _____ Relationship to Patient: _____

Signature of Patient or Authorized Representative: _____

NOTICE

Psychiatric Records and Communications

In the event that information released constitutes privileged psychiatrist-patient communications:

“The confidentiality of this record is required under chapter 899 of Connecticut General Statutes. This material shall not be transmitted to anyone without the written consent or other authorization as provided in the aforementioned statutes.” (§ 52-146i)

Drugs and Alcohol Abuse Records

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records regulations: “This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.” (42 C.F.R. § 2.32)

HIV Related Information

In the event that information released constitutes confidential HIV related information protected under Connecticut Law: “This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.” Conn. Gen. Stat. 19a-585(a)