



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **INSTRUCTIONS FOR COMPLETING YMCA'S AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

This form should be used by a participant to authorize your Association to release protected health information to a person or entity of the participant's choosing.

### **SPECIFIC INSTRUCTIONS:**

#### **Part 1 - Information about Participant**

Insert the participant's information. The participant's name should be the legal name as it appears on a valid legal document (birth certificate, driver's license). Date of Birth should be entered in this order: Month, Day, Year (for example, type or print June 12, 1977 as 06/12/1977).

#### **Part 2 – Recipient of information**

Insert the name, address (mailing address), e-mail, and fax number, if any, for the person or organization who will be receiving the participant's protected health records.

#### **Part 3 – Information to be disclosed**

Select the type of information to be disclosed.

The first option is the default option and should be selected if requester is not limiting disclosure to a specific type of document. The first option applies to all records received, created or maintained by your Y for the YMCA's DPP program.

NOTE that the records to be disclosed does not include any information regarding mental health (such as depression), testing or treatment for HIV, substance abuse or behavioral health. These should not be collected as part of the YMCA's DPP but if your Y happens to have such information on file for a participant, your Y cannot release that information even if the participant signs this Authorization form.

The second option – "Specific information only" – should be selected if the participant wants only a specific type of information to be disclosed to the person or organization listed in Part 2 of this form. If this option is selected, the participant should write down a short description of the type of information to be released (e.g. "records for DPP session 1-5.") NOTE: the participant should select this option if he/she wants only billing records to be shared with the person/organization listed on Part 2.

#### **Part 4 – Purpose of the Authorization**

Check the box(es) that indicate the reason(s) for why the records (identified in Part 3 of this form) are to be provided to the person/organization listed in Part 2 of this form.

The first option – “At my request” – is the default option that the participant can select. This option means that the YMCA is releasing protected health information as requested by the Participant.

The second option should be checked if information is being shared with the participant’s primary care physician.

If the first or second option does not apply, the participant should select the third option and write in the appropriate reason for this authorization.

#### **Part 5 – Signature**

The participant must sign this section for the authorization form to be valid. A personal representative can sign this authorization form on behalf of the Participant. However, the personal representative must type or print his/her name, contact number, and specify his/her relationship to the Participant.