



REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT STATEMENT:

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Location of the VA Health Care Facility)

VA Puget Sound
1660 S Columbian Way Seattle WA 98108

LAST NAME- FIRST NAME- MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

PATIENT'S MAILING ADDRESS (including City, State and Zip Code)

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

King County Regional Homelessness Authority and associated agencies per Encl(1)

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

TREATMENT BENEFITS LEGAL EMPLOYMENT OTHER (Please specify below):

Housing and social service coordination

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

- HEALTH SUMMARY (Prior 2 Years)
PATIENT MEDICAL RECORDS (Dates):
INPATIENT DISCHARGE SUMMARY (Dates):
PROGRESS NOTES:
SPECIFIC CLINICS (Name & Date Range):
SPECIFIC PROVIDERS (Name & Date Range):
DATE RANGE:
OPERATIVE/CLINICAL PROCEDURES (Name & Date):
LAB RESULTS:
SPECIFIC TESTS (Name & Date):
DATE RANGE:
RADIOLOGY REPORTS (Name & Date):
LIST OF ACTIVE MEDICATIONS:
VACCINATION (Dose, Lot Number, Date & Location):
ADMINISTRATIVE RECORDS:
OTHER (Describe): Information required for housing and social service coordination

LAST NAME- FIRST NAME- MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.	
<p>I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.</p> <p> <input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> SICKLE CELL ANEMIA <input type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (HIV) </p> <p>I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure.</p> <p><input type="checkbox"/> I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.</p>	
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.</p> <p>I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>	
<p>EXPIRATION: Without my express revocation, the authorization will automatically expire (select one of the following):</p> <p> <input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED <input type="checkbox"/> ON (mm/dd/yyyy) _____ (enter a future date other than date signed by patient) <input type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): _____ _____ </p>	
PATIENT SIGNATURE (Sign in ink)	DATE (mm/dd/yyyy)
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)	DATE (mm/dd/yyyy)
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT
FOR VA USE ONLY	
TYPE AND EXTENT OF MATERIAL RELEASED	
DATE RELEASED (mm/dd/yyyy)	RELEASED BY:

Encl (1) King County Regional Homelessness Authority and associated agencies: [Participating Agencies \(bitfocus.com\)](http://bitfocus.com)

Africatown Community Land Trust	FareStart
Africatown International	First Place School
Arms Around You	FOB Hope
Asian Counseling and Referral Services	Friends of Youth
Atlantic Street Center	Fusion
Attain Housing	Generosity on the Go
Aurora Commons	Harborview Medical Center Mental Health
Boys & Girls Club of Bellevue	Hopelink
Cares of Washington	Hospitality House
Catholic Community Services – King County	Housing Connector
Chief Seattle Club	IKRON Greater Seattle
City of Auburn	Imagine Housing
City of Bellevue	Immanuel Community Services
City of Redmond	Indian American Community Services
City of Seattle	Integration Family Services
Community House Mental Health Agency	Interaction Transition
Compass Housing Alliance	Interim CDA
Congregations for the Homeless	Iraqi Community Center of WA
Consejo Counseling and Referral Service	Kent Youth and Family Services
Dignity For Divas	King County
Domestic Abuse Women’s Network	King County Regional Homelessness Authority (KCRHA)
Downtown Emergency Services Center	King County Coordinated Entry for All
Downtown Seattle Association	King County Veterans Program
El Centro de la Raza	Lake City Partners Ending Homelessness
Elizabeth Gregory Home	Lake Washington United Methodist Church
Evergreen Treatment Services	

Lifelong
Lifewire
Low Income Housing Institute
Mary's Place
Mercy Housing Northwest
Mother Nation
Multi-Service Center
Muslim Community Resource Center
Muslim Housing Services
NAVOS
Neighborhood House
New Beginnings
New Horizons Ministries
Nickelsville
Open Doors for Multicultural Families
Organization for Prostitution Survivors
Partner in Employment
Peer Washington
Pioneer Human Services
Plymouth Housing Group
POCAAN
Praisealujah Discipleship
Public Defender Association
Public Health of Seattle/King County – HCHN
Real Escape from the Sex Trade (VAWA-funded)
Reclaiming our Greatness
Refugee Women's Alliance
Renton Ecumenical Association of Churches
Riverton Park United Methodist Church

ROOTS
Seamar CHC
Seattle Indian Center
Seattle Indian Health Board
Seattle Housing and Resource Effort
Sisters In Common
Snoqualmie Valley Shelter Services
Solid Ground
Sound Mental Health
St. Stephens Housing Association
St. Vincent de Paul – King County
Telecare
Telecare Corporation (Forensic PATH)
The Arc of King County
The Salvation Army – King County
The Sophia Way
The Vashon Dove Project
TRAC Associates
Transitional Resources
Ubumwe Womens Association
United Indians of All Tribes
United Way of King County
Unity Services
University Heights
Urban League of Metropolitan Seattle
UTOPIA-Wa
VA Puget Sound Health
Valley Cities Counseling and Consultation
Vine Maple Place

Virginia Mason Medical Center

Washington Department of Veteran Affairs –
King County

Weld Seattle

Wellspring Family Services

YMCA of Greater Seattle

YouthCare

YWCA of Seattle, King and Snohomish Counties
– King County

Veteran name:

Last 4:

Veteran signature:

Date: