

ARLINGTON COUNTY SHARED AUTHORIZATION TO USE AND EXCHANGE INFORMATION

Individual's Legal Name:		Date:	
Individual's Date of Birth:		SSN Or Client ID # (optional):	

I want the confidential information indicated below to be shared to facilitate effective service delivery. I understand only the minimum necessary information will be shared with staff who have a need to know. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on my signing this authorization form. (Mark all that apply.)

<input type="checkbox"/> Y	<input type="checkbox"/> N	All of the Below	
<input type="checkbox"/> Y	<input type="checkbox"/> N	Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/> Y <input type="checkbox"/> N Medical Diagnoses, History, and Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Program Participation & Case Worker	<input type="checkbox"/> Y <input type="checkbox"/> N Mental Health Diagnoses, History, and Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Demographics and Family Information	<input type="checkbox"/> Y <input type="checkbox"/> N Substance Use Diagnoses, History, and Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Crisis Management Needs	<input type="checkbox"/> Y <input type="checkbox"/> N Educational History/Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Financial Information	<input type="checkbox"/> Y <input type="checkbox"/> N Criminal Justice History/Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Rental/Housing Information	<input type="checkbox"/> Y <input type="checkbox"/> N Military History/Records
<input type="checkbox"/> Y	<input type="checkbox"/> N	Employment History/Records	<input type="checkbox"/> Y <input type="checkbox"/> N Other:

This information can be: ☐ Exchanged ☐ Disclosed (Sent Only)

This information can be shared in these format(s): ☐ Electronic (e-mail/fax/web) ☐ Written ☐ Spoken

This information can be shared for the following purposes only:

☐ Coordination of services, referral, and treatment ☐ Other:

This authorization is valid until:

☐ Date (within 1 year of date signed) ☐ Event (describe)

☐ Limit to a single disclosure – (explain)

I authorize the staff of the entities checked below to share information among themselves as outlined above necessary for the effective delivery of services.

Multi-Service	Housing and Shelter
<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County Department of Human Services (DHS)	<input type="checkbox"/> Y <input type="checkbox"/> N Arlington Partnership for Affordable Housing (APAH)
<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County Public Schools	<input type="checkbox"/> Y <input type="checkbox"/> N AHC, Inc
<input type="checkbox"/> Y <input type="checkbox"/> N Northern Virginia Family Service	<input type="checkbox"/> Y <input type="checkbox"/> N Bridges to Independence
Health	<input type="checkbox"/> Y <input type="checkbox"/> N Drucker & Falk, LLC
<input type="checkbox"/> Y <input type="checkbox"/> N Arlington Free Clinic	<input type="checkbox"/> Y <input type="checkbox"/> N Harbor Group Management
<input type="checkbox"/> Y <input type="checkbox"/> N Arlington Pediatric Center	<input type="checkbox"/> Y <input type="checkbox"/> N New Hope Housing
<input type="checkbox"/> Y <input type="checkbox"/> N Neighborhood Health	<input type="checkbox"/> Y <input type="checkbox"/> N Paradigm Management Services
<input type="checkbox"/> Y <input type="checkbox"/> N VHC Health formerly Virginia Hospital Center	<input type="checkbox"/> Y <input type="checkbox"/> N PathForward
Basic Needs	<input type="checkbox"/> Y <input type="checkbox"/> N S.L. Nusbaum Realty Company
<input type="checkbox"/> Y <input type="checkbox"/> N Arlington Food Assistance Center	<input type="checkbox"/> Y <input type="checkbox"/> N Wesley Housing Development Corporation
<input type="checkbox"/> Y <input type="checkbox"/> N Food for Others	<input type="checkbox"/> Y <input type="checkbox"/> N Wesley Property Management
<input type="checkbox"/> Y <input type="checkbox"/> N ENDependence Center	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Other:
<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County Department of Parks & Recreation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Other:

Individual's Legal Name:		Date:	
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Behavioral Health		Legal	
<input type="checkbox"/> Y	<input type="checkbox"/> N	Arlington Recovery Center	<input type="checkbox"/> Y <input type="checkbox"/> N Arlington Alcohol Action Safety Program (ASAP)
<input type="checkbox"/> Y	<input type="checkbox"/> N	Community Residences Inc	<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County Circuit Court
<input type="checkbox"/> Y	<input type="checkbox"/> N	Demeter House	<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County General District Court
<input type="checkbox"/> Y	<input type="checkbox"/> N	Early Recovery	<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County Sheriff's Pre-Trial Program
<input type="checkbox"/> Y	<input type="checkbox"/> N	Fellowship Health Resources	<input type="checkbox"/> Y <input type="checkbox"/> N Arlington Juvenile and Domestic Relations Crt
<input type="checkbox"/> Y	<input type="checkbox"/> N	INOVA Health	<input type="checkbox"/> Y <input type="checkbox"/> N District 10 Probation and Parole
<input type="checkbox"/> Y	<input type="checkbox"/> N	National Capital Treatment & Recovery (NATCAP)	<input type="checkbox"/> Y <input type="checkbox"/> N Fairfax County General District Court
<input type="checkbox"/> Y	<input type="checkbox"/> N	NVMHI	<input type="checkbox"/> Y <input type="checkbox"/> N Friends of Guest House
<input type="checkbox"/> Y	<input type="checkbox"/> N	Pathway Homes	<input type="checkbox"/> Y <input type="checkbox"/> N Just Neighbors
<input type="checkbox"/> Y	<input type="checkbox"/> N	PRS	<input type="checkbox"/> Y <input type="checkbox"/> N Offender Aid and Restoration
<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N Office of the Public Defender for Arlington County
Other (specify organizations below)		<input type="checkbox"/> Y <input type="checkbox"/> N	Office of the Commonwealth Attorney
<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N Arlington County Sherriff's Pre-Trial Program
<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N United States Probation Office – Eastern District of VA
<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N

I understand that my records are protected by Federal, State, and/or Local confidentiality laws and regulations and that they cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke this authorization at any time by written notification. Revocation will not apply to records already furnished in reliance upon this authorization.

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

I acknowledge that the information to be released was explained to me and that this consent is given of my own free will.

Signatures of Individual and/or Substitute Decision Maker Authorizing Disclosure:

Individual's Signature:	Date:
SDM's Signature:	Date:

Printed Name of Person Authorizing Disclosure (if not client/individual)

Person Authorizing Disclosure is: ☐ Parent of Minor ☐ Guardian ☐ Power of Attorney (specify type): ☐ Other:

Printed Name, Title, and Organization of Staff Completing and Explaining Form:

Arlington County Department of Human Services	
Signature of Staff Completing and Explaining Form:	Date:
This form was interpreted prior to signature into: <input type="checkbox"/> N.A. <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	