



COMMUNITY CARE TEAM
AUTHORIZATION TO RELEASE / OBTAIN PROTECTED INFORMATION

Individual's name: _____ Date of Birth: _____

I, _____, authorize the New Hampshire
(Individual's name, same as above)

Harm Reduction Coalition and all of its current and future Community Care Team (NHHRC 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 NHHRC 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 NHHRC CCT sign confidentiality statements and promise to keep my information private. However, if a NHHRC 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 NHHRC CCT** or by notifying **New Hampshire Harm Reduction Coalition at cct@nhhrc.org**, and my health information will no longer be shared at the NHHRC CCT meetings. The cancellation will not apply to information that has already been disclosed. If I do not want to participate with the NHHRC 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 NHHRC 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 NHHRC CCT member listed on page 2)*

NHHRC CCT members:

Amedisys	OASIS Senior Advisors
AmeriHealth Caritas	OneSky Community Services
Beacon Health Strategies	Portsmouth Housing Authority
Brain Injury Association of NH	Portsmouth Regional Hospital
Community Action Partnership of Strafford County	Raymond Baptist Church
Community Partners	Rochester Housing Authority
Connections Peer Support Center	Rockingham VNA
Core Physicians	Safe Harbor Recovery Center
Cornerstone VNA	Salvation Army, Portsmouth
Cross Roads House	Seacoast Mental Health Center
Crotched Mountain Community Care	Seacoast Pathways/Granite Pathways
Dover Fire and Rescue	ServiceLink of Rockingham County
Dover Housing Authority	ServiceLink of Strafford County
Easter Seals of NH	SNHS/Rockingham Community Action
Exeter Hospital	Somersworth Housing Authority
Exeter Housing Authority	SOS Recovery Community Organization
Families First of the Greater Seacoast	Southeastern NH Services
Families in Transition (FIT)	St. Vincent dePaul Society, Exeter
Frisbie Memorial Hospital	St. Vincent dePaul Society, Hampton
Goodwin Community Health	TASC-Transportation Assistance for Seacoast Citizens
Granite State Independent Living	Tri-City Consumers' Action Co-operative
Haven	Veterans, Inc.
Home for All	Waypoint
Homeless Center for Strafford County	Welfare Department, City of Dover
Hope on Haven Hill	Welfare Department, City of Portsmouth
The Homemakers Services	Welfare Department, City of Rochester
Lamprey Health Care	Welfare Department, City of Somersworth
My Friend's Place	WellSense Healthplan
NH DHHS Bureau of Elderly and Adult Services	Wentworth-Douglass Hospital
NH Harm Reduction Coalition	Wentworth Home Care and Hospice/Amedisys
NH Healthy Families	Womensaid of Greater Portsmouth
NH Housing Finance Authority	

Other organizations you wish to add to this release:

For NHHRC CCT use only

Date revoked:

Name & Organization of NHHRC CCT member receiving revocation: