

6/8/2022

### Consent Forms from Contra Costa Health Services

- a. The CCHS '[universal consent form](#)' is collected annually and upon entry into the Contra Costa Health Services system. This consent is accompanied by the required [Notice of Privacy Practices per HIPAA](#) which specifies the types of information collected and how it can be shared. Consent covers HIPAA-covered entities included in the Contra Costa Health System 'umbrella'
  
- b. Below is the *Interagency Release of Information form* (**see page 2**) permitting sharing of information with the specified agencies outside of Contra Costa Health Services (including key homeless providers). This form was developed as part of the Whole Person Care Program (known locally as CommunityConnect)

- Contra Costa Health Services**
- Contra Costa Regional Medical Center
  - Contra Costa Health Centers
  - Behavioral Health and Substance Use
  - Public Health
  - Community Connect Partnership

Name:
MRN:

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION / INTERAGENCY RELEASE**

Name:	Date of Birth:
AKA (Other name(s) you have used):	
Street Address:	Phone #:

I am the  Patient  Parent/Guardian  Conservator  Representative

By signing and initialing below, I hereby authorize Community Connect Partnership to release and share limited health information in order to coordinate my care and services with selected agencies listed on side 2 of this form. The use of my health information will only be used in the delivery of services related to my participation in Community Connect Partnership.

_____ Client Initial	I understand that the type of information that may be shared includes: <ul style="list-style-type: none"> <li>• Name and contact information</li> <li>• Completed needs assessment, and/or care plan form(s)</li> <li>• Information related to service utilization</li> <li>• Any other personal information including but not limited to demographics and the minimum necessary health information needed to access services</li> </ul>
_____ Client Initial	I understand that signing this form authorizes the release of my personal information only to agency staff members whose work is specifically and directly related to services provided for my benefit of ANY of the agencies listed on side 2 of this form.
_____ Client Initial	I understand that all communication between agencies is confidential and may not be re-disclosed and that I have a right to receive a copy of this authorization.
_____ Client Initial	I understand that this authorization may be revoked in writing by me at any time and delivered to the address where I received care or services. If I do not revoke this authorization it will expire one (1) year from the date of my signature.
_____ Client Initial	I understand I have a right to inspect or obtain a copy of the information disclosed and I may refuse to sign this authorization. Payment, enrolment or eligibility for benefits will not be conditioned on my providing or refusing to sign this authorization.

Date:	Patient/Representative Signature:
If signed by someone other than the patient, please print name:	
Staff/Provider Signature:	
If applicable, Witness of Verbal Release:	

**MR340 (5.2018)**

<b>Name:</b>  <b>MRN:</b>
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**Community Connect Partnership Agency Listing:**

- |   |   |
|---|---|
| <b>AIDS Project of the East Bay</b>               | <b>Monument Crisis Center</b>                 |
| <b>A Chance for Freedom</b>                       | <b>Money Management</b>                       |
| <b>ANKA Behavioral Health, Inc.</b>               | <b>Pathways Hospice and Home Health</b>       |
| <b>BAART</b>                                      | <b>Planned Parenthood</b>                     |
| <b>Bay Area (Richmond) Rescue Mission</b>         | <b>Pueblos del Sol</b>                        |
| <b>Bay Area Legal Aid (BayLegal)</b>              | <b>Rainbow Community Center</b>               |
| <b>Bebulance Comfort</b>                          | <b>Reach</b>                                  |
| <b>Cole House</b>                                 | <b>Regional Center of the East Bay (RCEB)</b> |
| <b>Community Violence Solutions</b>               | <b>Reentry Success Center</b>                 |
| <b>Contra Costa Interfaith Housing (CCIH)</b>     | <b>Rotocare Clinics</b>                       |
| <b>Contra Costa Housing Authority</b>             | <b>Rubicon Program</b>                        |
| <b>Diablo Valley Ranch</b>                        | <b>Shelter, Inc.</b>                          |
| <b>East County Wollem House</b>                   | <b>Social Security Administration</b>         |
| <b>Familias Unidas</b>                            | <b>STANDI For Families Free of Violence</b>   |
| <b>Frederic Ozanam Center</b>                     | <b>Trinity Center</b>                         |
| <b>Food Bank of Contra Costa/Solano Counties</b>  | <b>UJIMA</b>                                  |
| <b>Greater Richmond Interfaith Program (GRIP)</b> | <b>Veterans Administration</b>                |
| <b>Hospice of Contra Costa County</b>             | <b>Winter Night's Shelter</b>                 |
| <b>Love A Child</b>                               | <b>YWCA</b>                                   |
| <b>Other: _____</b>                               | <b>Other: _____</b>                           |
| <b>Other: _____</b>                               | <b>Other: _____</b>                           |

**Individuals not affiliated with an agency:**  
**Name: \_\_\_\_\_**  
**Name: \_\_\_\_\_**