

COUNTY OF COLUSA
HEALTH AND HUMAN SERVICES

251 E. Webster St.
Colusa, CA 95932



ADMINISTRATION: (530) 458-0250

HUMAN SERVICES
Children's Services: (530) 458-0280
Adult Services: (530) 458-0280
Eligibility Services: (530) 458-0250
Public Guardian: (530) 458-0280

HEALTH SERVICES
Public Health/Nursing: (530) 458-0380

Elizabeth A. Kelly – Director

**HIPAA PRIVACY
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____ DOB: _____

hereby authorize: _____

to disclose records and information regarding me and my child(ren)'s

Name(s): _____

DOB: _____

Medical history, mental or physical condition, care, and/or treatment to the following organization:

**Colusa County Department of Health and Human Services
Child Protective Services, Resource Family Approval
251 E. Webster Street
Colusa, CA 95932**

This authorization limits the disclosure of my information to the Colusa County Department of Health and Human Services, Child Protective Services. This authorization to disclose information to the Colusa County, DHHS is limited to the following types of medical information:

Psycho-Social Information and History Medical Information and History

Test or Examination Results

Other information and explanation: _____

Colusa County, DHHS, to which records and information are being disclosed pursuant to this authorization, may use the disclosed records and information only for the following purposes:

RESOURCE FAMILY APPROVAL & PLACEMENT PLANNING

This authorization shall become effective immediately and shall expire one year from data of signature below. I understand that Colusa County, DHHS, to which records and information used or disclosed pursuant to the authorization, may be subject to re-disclosure by the recipient and no longer be protected by federal confidentiality law (HIPAA).

I understand that I have a right to receive a copy of this authorization.

Signature

_____ Date

This document complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).