WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (WCDHHS)
RELEASE OF INFORMATION INSTRUCTIONS

The WCDHHS Authorization for Use & Disclosure of Health or Confidential Information form must include the following information when requesting records from WCDHHS and/or any outside provider/facility:

Section 1: Name/address of client/patient whose information you are requesting. Please only list one (1) client per authorization form. Additional forms may be filled out as needed.

Section 2: Purpose/reason for the disclosure of the requested records. **Please select only one.**

If you select "Personal Use – For me only, not to a third party," your medical or treatment information will be sent only to you or your parent if a minor, legal guardian, or power of attorney and will not be redacted.

If you select "Legal Matters," a consent to use and disclosure of SUD (substance use disorder) records (or testimony about any information within) in a civil, criminal, administrative, or legislative investigation or proceeding against you cannot be combined with a consent to use and disclose SUD records for any other purpose.

Section 3: Name/address of individual or organization WCDHHS may obtain information from and/or release information to. You may check both boxes for two-way communication. Please specify who (e.g., your doctor, attorney, or you personally) and how (e.g., email, fax) WCDHHS releases your records.

Section 4: Specific information to be disclosed. If you need something that is not on the form, check "other" and write what you are requesting.

Section 5: Specific sensitive information to be disclosed. The law requires your clear permission to release sensitive information. If a box is not checked, information such as SUD or mental health will not be released to the third party (anyone other than you) authorized to receive the records.

Section 6: Date range of the services/information to be disclosed. The first box allows sharing of information as needed until one (1) year after current treatments end (date of last services) and are billed.

Section 7: Authorization expiration date. Unless another date or event is entered, the authorization will by default expire after a time period of one (1) year from the date of last services with WCDHHS.

Disclosures to persons within the criminal justice system requiring participation in an SUD program as a condition of the disposition of any criminal proceedings may need to last until the final disposition of the conditional release and cannot be revoked before then. (e.g., If your probation officer needs your treatment records as part of your probation monitoring, you cannot revoke the authorization before the end of probation.)

Section 8: Acknowledgment of understanding of rights with respect to this authorization. **If you have any questions about your rights, please ask.**

Section 9: Signature and date when the client signed the authorization.

Section 10: If applicable, signature and date when the client's parent/guardian/legal representative signed the authorization. **(Proof of authority, such as guardianship paperwork, must be submitted with the authorization for records)**

Any changes made to the authorization form after the client signs it must be initialed and dated by the client or it will be considered invalid.

If the authorization does not include all the items above, it will be returned invalid and your request will be delayed.

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