

# Kitsap Community Partner Multi-Party Consent for Release of Information

*Complies with HIPAA and 42 CFR Part 2*

I, \_\_\_\_\_, (Full Name) \_\_\_\_\_ (Date of Birth) authorize the following agencies to collaborate and coordinate services with \_\_\_\_\_ (Requesting Partner Agency Name) and with one another:

- |  |  |
|--|--|
| <input type="checkbox"/> Peninsula Community Health Services               | <input type="checkbox"/> Virginia Mason Franciscan Health                              |
| <input type="checkbox"/> Kitsap Mental Health Services                     | <input type="checkbox"/> Kitsap Public Health District                                 |
| <input type="checkbox"/> Kitsap Community Resources                        | <input type="checkbox"/> Poulsbo Fire/Poulsbo CARES                                    |
| <input type="checkbox"/> CK Fire & Rescue/CK CARES                         | <input type="checkbox"/> SK Fire and Rescue/SK CARES                                   |
| <input type="checkbox"/> Bremerton Fire Department                         | <input type="checkbox"/> Bremerton Police Department/Navigator                         |
| <input type="checkbox"/> Kitsap County Sheriff's Office/Kitsap County Jail | <input type="checkbox"/> Everhealth (at Kitsap County Jail)                            |
| <input type="checkbox"/> Agape Unlimited/REAL Team                         | <input type="checkbox"/> West Sound Treatment Center/REAL Team                         |
| <input type="checkbox"/> Kitsap Rescue Mission                             | <input type="checkbox"/> Salvation Army  |
| <input type="checkbox"/> St. Vincent de Paul                               | <input type="checkbox"/> Volunteers of America (VOA)/Salish Regional Crisis Line       |
| <input type="checkbox"/> Kitsap Recovery Center                            | <input type="checkbox"/> Salish Behavioral Health Administrative Services Organization |
| <input type="checkbox"/> Other _____                                       | <input type="checkbox"/> Kitsap Aging and Long Term Care                               |

## Purpose of this disclosure:

- ☐ Verification of treatment status      ☐ Billing purposes      ☐ Assist in appropriate treatment placements  
☐ Coordination of care    ☐ Exchange & verify treatment planning information    ☐ Other \_\_\_\_\_

## To communicate with and disclose to one another the following information:

- ☐ My name and personally identifying information  
☐ Psychological and/or mental health assessment, diagnosis, and treatment recommendations, prognosis, progress information, and discharge summary  
☐ Substance use disorder assessment and summary, diagnosis, treatment attendance, recommendations, prognosis, progress information, and discharge summary  
☐ Current medical information including diagnosis and prognosis  
☐ Relevant past medical information including diagnosis and prognosis  
☐ Current medications and compliance  
☐ Physical exams  
☐ Lab results  
☐ TB test results and/or screening  
☐ UA and other drug/alcohol monitoring results  
☐ Other: \_\_\_\_\_

## NOTE:

- Records concerning treatment for substance use and/or sexually transmitted diseases may NOT be re-disclosed unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by regulation. (42 CFR Part 2 and RCW 70.24). An authorization for the release of medical or mental health information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute a substance use disorder patient.
- To the extent indicated on the checklist above, this release specifically allows the disclosure of mental health/psychological treatment information (45 CFR Parts 160 and 164); drug/alcohol or other substance use treatment information (42 CFR Part 2); and other protected health information under the Health Insurance Portability Accountability Act of 1996 ("HIPAA"). This information cannot be re-disclosed without written consent unless permitted by the regulations. This authorization covers verbal, paper and electronic disclosures. A copy or fax shall be considered valid in lieu of original.
- This Release of Information does not supersede any pre-existing ROI the individual may have with the agency/organization.
- I understand that I will not be denied services if I refuse to sign a consent for release of information. **This release may be revoked verbally or in writing, at any time, with the exception and to the extent that disclosure has already occurred in reliance on this consent, and that in any event this consent expires automatically as follows:**

- ☐ 90 days following the signed date of this Release of Information.  
☐ The following date (mm/dd/yyyy): \_\_\_\_\_

Signature of Adult or Youth\*

Date (mm/dd/yyyy): \_\_\_\_\_

\* When a minor is permitted to consent independently to healthcare services under Washington state law, records related to such services may be released by the minor without the consent of a parent or legal guardian.

(OR)

If signing on behalf of the individual, please check the box with the basis of your authority:

☐ Parent    ☐ Guardian    ☐ Other personal representative (explain) \_\_\_\_\_

Signature of Parent/Guardian/Personal Representative

Date (mm/dd/yyyy): \_\_\_\_\_

Printed Name of Parent/Guardian/Personal Representative

Printed Name of Individual Representing Requesting Agency

#### AGENCY RELEASE OF INFORMATION INSTRUCTIONS

**KMHS** – Go to [kitsapmentalhealth.org](http://kitsapmentalhealth.org) bottom of homepage. Go to “Community Partner ROI” under “Quick Links”. Follow directions to scan, upload and automatically send encrypted email.

**PCHS** – Email encrypted to [him@pchsweb.org](mailto:him@pchsweb.org) or Fax 360-874-5595

**Virginia Mason Franciscan Health** – Pending.

**Agape/REAL Team** – contact 360-373-1529, Fax (360)373-4051, or email encrypted to [agapeunlimited@agapekitsap.org](mailto:agapeunlimited@agapekitsap.org)

**West Sound Treatment Center/REAL Team** - Fax (360)362-1179, or email encrypted to [amanda.rodrigues@wstcs.org](mailto:amanda.rodrigues@wstcs.org)

**Kitsap Recovery Center** – Fax (888)834-8027

**Poulsbo Fire/CARES** - Email encrypted to [Cares@poulsbofire.org](mailto:Cares@poulsbofire.org) or Fax to (360)779-4699

**SK Fire & Rescue/SK CARES** – Email encrypted to [Mmillion@skfr.org](mailto:Mmillion@skfr.org) or [jgoss@skfr.org](mailto:jgoss@skfr.org)

**CK Fire & Rescue/CK CARES** – Email encrypted to [cares@ckfr.org](mailto:cares@ckfr.org)

**Bremerton Fire** – Email encrypted to [Vince.Hlavaty@ci.bremerton.wa.us](mailto:Vince.Hlavaty@ci.bremerton.wa.us) and [Patrick.mcganney@ci.bremerton.wa.us](mailto:Patrick.mcganney@ci.bremerton.wa.us)

**Bremerton Police Department/Navigator** – Send encrypted email to [Rachelle.Evinsky@ci.bremerton.wa.us](mailto:Rachelle.Evinsky@ci.bremerton.wa.us) and [Hannele.pihkakoski@ci.bremerton.wa.us](mailto:Hannele.pihkakoski@ci.bremerton.wa.us)

**Kitsap County Sheriff/KC Jail** – Fax to (360)337-5780

**Everhealth (at Kitsap County Jail)** – Fax to (360)337-7203

**Volunteers of America (VOA)/Salish Regional Crisis Line** - Fax to (425)259-3073

**Salish Behavioral Health ASO** – Email encrypted to [Salish-BHASO@kitsap.gov](mailto:Salish-BHASO@kitsap.gov)

**Kitsap Community Resources** – Email encrypted to [Secure@kcr.org](mailto:Secure@kcr.org)

**St. Vincent de Paul** – call (360)377-2929 or email [assistance@svdpaul.org](mailto:assistance@svdpaul.org)

**The Salvation Army** – Email encrypted to [eric.harrold@usw.salvationarmy.org](mailto:eric.harrold@usw.salvationarmy.org)

**Kitsap Rescue Mission** – Email encrypted to [info@kitsaprescue.org](mailto:info@kitsaprescue.org)

**Kitsap Aging & Long Term Care** - FAX to (360) 337-4950 or send encrypted email to [seniorinfo&asst@kitsap.gov](mailto:seniorinfo&asst@kitsap.gov)

**Kitsap Public Health District** - Parent Child Health/Nurse Family Partnership fax 360-813-1382, Communicable Disease fax 360-813-1168, HIV Case management fax 360-813-1465