

KITSAP COMMUNITY PARTNER MULTI-PARTY CONSENT FOR RELEASE OF INFORMATION

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

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, 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:

1. 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.
2. 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.
3. This Release of Information does not supersede any pre-existing ROI the individual may have with the agency/organization.

4. 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 bottom of homepage. Go to “Community Partner ROI” under “Quick Links”. Follow directions to scan, upload and automatically send encrypted email.

Agape/REAL Team – Phone (360) 373-1529, Fax (360) 373-4051, or email encrypted to agapeunlimited@agapekitsap.org

Bremerton Fire – Email encrypted to Vince.Hlavaty@ci.bremerton.wa.us and Patrick.mcganney@ci.bremerton.wa.us

Bremerton Police Department/Navigator – Email encrypted to Rachelle.Evinsky@ci.bremerton.wa.us and Hannele.pihkakoski@ci.bremerton.wa.us

CK Fire & Rescue/CK CARES – Email encrypted to cares@ckfr.org

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

Kitsap Aging & Long Term Care – Fax (360) 337-4950 or email encrypted to seniorinfo&asst@kitsap.gov

Kitsap Community Resources – Email encrypted to Secure@kcr.org

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

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

Kitsap Recovery Center – Fax (888) 834-8027

Kitsap Rescue Mission – Email encrypted to info@kitsaprescue.org

PCHS – Email encrypted to him@pchsweb.org or Fax (360) 874-5595

Poulsbo Fire/CARES – Email encrypted to Cares@poulsbofire.org or Fax (360) 779-4699

Salish Behavioral Health ASO – Email encrypted to Salish-BHASO@kitsap.gov

SK Fire & Rescue/SK CARES – Email encrypted to Mmillion@skfr.org or jgoss@skfr.org

St. Vincent de Paul – Phone (360) 377-2929 or email encrypted to assistance@svdpaul.org

The Salvation Army – Email encrypted to eric.harrold@usw.salvationarmy.org

Virginia Mason Franciscan Health – Pending.

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

West Sound Treatment Center/REAL Team – Fax (360) 362-1179, or email encrypted to amanda.rodriques@wstcs.org

For most current version of the Community ROI, go to bottom of KMHS homepage/quicklinks/community partner ROI. To request changes to the ROI, email records@kmhs.org