



MANCHESTER MEMORIAL HOSPITAL
71 Haynes Street, Manchester, CT 06040

ROCKVILLE GENERAL HOSPITAL
31 Union Street, Vernon, CT 06066

AUTHORIZATION TO RELEASE OR OBTAIN HEALTH INFORMATION

No part of this authorization is a required field. However, it is requested to assist ECHN in fulfilling your request accurately. There may be a reasonable, cost-based fee that complies with both federal and state regulations, associated with this request.

Form containing sections: 1. Patient Information (Name, Birth Date, Phone, Veteran status), 2. Release To/Obtain From (Authorization type, Person/Institution info, Mailing Address), FORM/FORMAT (Paper/Electronic), METHOD OF DELIVERY (Mail/Verbal/Fax/E-mail), 3. Information Request (Date of service, Type of information, Other info, Sensitive info), Purpose (Patient/Other/Supporting/Legal), 4. Authorization (Expiration, Signature, Requestor info).



PROHIBITIONS ON REDISCLOSURE NOTICE

AIDS OR HIV RELATED INFORMATION

In the event that information released constitutes confidential AIDS/HIV related information protected under Connecticut law:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

DRUG AND ALCOHOL ABUSE TREATMENT INFORMATION

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records Regulations:

This information has been disclosed to you from records protected by federal and state confidentiality rules (42 CFR Part 2). The federal rule prohibits you from making any further disclosure of information in this record that identifies the patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31, 42 CFR Part 2). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.

MENTAL HEALTH TREATMENT INFORMATION

In the event that the information released constitutes privileged psychiatric-patient communications:

The confidentiality of this record is required under Chapter 899 of the Connecticut General Statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.

STATEMENT OF NONDISCRIMINATION AND AVAILABILITY OF COMMUNICATION SERVICES

English: ECHN complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: if you speak English or any other language, language assistance services are available to you free of charge. Call 1-860-646-1222.

Español (Spanish): ECHN cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-860-646-1222.

Polski (Polish): ECHN postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć. UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-860-646-1222.

**Copy to Medical Record
Copy to Patient/Representative**

