

Important Information about Authorization

We may need your authorization to use, disclose or obtain your health information for some of our services.

You do not have to sign this form. If you agree to sign this authorization to release or obtain information, you will be given a signed copy of the form.

A separate signed authorization form is required for the use and disclosure of health information for:

- ✓ Psychotherapy notes
- ✓ Employment-related determinations by an employer
- ✓ Research purposes unrelated to your treatment

When required by law or policy, DHH may only obtain, use and disclose your health information if the required written authorization includes all the required elements of a valid authorization.

- ✓ An authorization is voluntary. You will not be required to sign an authorization as a condition of receiving treatment services or payment for health care services. If your authorization is required by law or policy, DHH will use and disclose your health information as you have authorized on the signed authorization form.
- ✓ You may be required to sign an authorization before receiving research-related treatment.
- ✓ You may be required to sign an authorization form for the purpose of creating protected health information for disclosure to a third party. *Example:* In a juvenile court proceeding where a parent is required to obtain a psychological evaluation on their minor child by DHH, the parent may be required to sign an authorization to release the evaluation report (but not the psychotherapy notes) to DHH.
- ✓ You may cancel an authorization in writing at any time. DHH can not take back any uses or disclosures already made before an authorization was cancelled.
- ✓ Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by DHH privacy policies.

Your right to file a privacy complaint

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how DHH has used or disclosed information about you. Your benefits will not be affected by any complaints you make. DHH cannot punish or retaliate against you for filing a complaint, cooperating in any investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy office contact is:

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing
Privacy Office
P.O. Box 91030
Baton Rouge, LA 70821-9030
Phone: 225-342-3855
Email: privacy-bhsf@dhh.state.la.us