AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION – CRIME VICTIMS COMPENSATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION

SFN 61353 (03-2019)

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The DOCR may, however, require that you authorize disclosure of your health information if needed to make a determination about your claim.

INSTRUCTIONS: Complete each section in its entirety. Failure to do so may delay processing of your victim compensation claim.

Name of Patient (Last, First, Middle Initial)	CVC Case Number	Social Security Number		Date of Birth
Address	City	State	ZIP Code	Telephone/Cell Number

PATIENT AUTHORIZATION FOR DISCLOSURE AND SIGNATURE

I Hereby Authorize any hospital**,** physician, surgeon, dentist, medical facility, mental health provider, treatment provider, funeral home or any provider who rendered services; any employer of the victim; any law enforcement or other state/federal governmental agency; and any insurance company, to furnish North Dakota Crime Victims Compensation or its representative, confidential information with respect to the incident leading to the victim's personal injury or death, and the claim made herewith for compensation. A photocopy of this signed release is as effective and valid as the original.

Provider Name		Telephone Number	
Provider Address	City	State	ZIP Code
Provider Name (for more than one provider)		Telephone Number	
Provider Address	City	State	ZIP Code

To Disclose Protected Health Information with:

ND DOCR Crime Victims Compensation, PO Box 1898, Bismarck, ND 58502-1898
Phone 701-328-6195, FAX 701-328-6780, email DOCRcompensation@nd.gov

INFORMATION TO BE RELEASED

Service Dates: From :____________________ To:____________________ **AND** all future records until authorization has been revoked or expires.

I authorize disclosure of the following protected health care information to the ND DOCR Crime Victims Compensation for purposes to administer Crime Victims Compensation claim.

- ☐ alcohol/drug evaluation/assessment
- ☐ treatment/progress reports
- ☐ results of drug screens
- ☐ discharge summary
- ☐ ER records, operative reports
- ☐ test, imaging and lab reports
- ☐ consults, outpatient visit notes
- ☐ discharge notes
- ☐ psychological evaluations, reports
- ☐ psychiatric evaluations, reports
- ☐ counseling, therapy reports
- ☐ psychotherapy

This Authorization to Disclose Information Remains in Effect for Two Years From the Date of My Signature or Until This Date:

PATIENT CONSENT

I understand this consent will remain in effect for two years from the date of this form. I understand that I have the right to revoke this authorization, in writing, at any time. Any information disclosed prior to the termination of this authorization is not a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

Signature of Patient (required)	Date
Signature of Parent/Guardian or Custodian (if needed and Relationship)	Date
Signature of Witness (sign and print)	Date

☐ **CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.**

NOTICE: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state of federal law.