

**MI/MRDD TASK FORCE
Dual Diagnosis Intervention Team**

AUTHORIZATION FOR INFORMATION SHARING

I hereby authorize the person listed below or a designated substitute to share information with the Dual Diagnosis Intervention Team of the MI/MRDD Task Force.

I understand the Dual Diagnosis Intervention Team exists in order to assist in the coordination of services and funding for multi-system individuals and their families. Its primary goal is to maintain individuals in the community in the most effective and least restrictive way possible.

Members of the Dual Diagnosis Intervention Team may include staff members/representatives from Lutheran Social Services, Allen, Auglaize and Hardin County Boards of MR/DD, Family Resource Centers, St. Rita's Medical Center Behavioral Services, municipal, county and state probation/parole offices, NAMI and the Allen, Auglaize and Hardin County Departments of Jobs and Family Services.

I understand that it may be necessary for additional individuals/agencies to be a part of my Intervention Team. I agree that information may also be shared with the following individual(s) not listed above:

Each Dual Diagnosis Intervention Team member signs a confidentiality statement which reads:

As a member of the Dual Diagnosis Intervention Team, I recognize the importance of respecting individuals and protecting their privacy. Information shared outside the Dual Diagnosis Intervention Team duties is subject to HIPAA regulations and is the responsibility of the agencies represented.

This Authorization expires on _____.

Signed _____ Date _____
Individual/Guardian

Witness/case manager _____ Date _____

NOTICE TO ALL PARTIES INVOLVED IN THE HANDLING OF SAID INFORMATION:

This information is protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making any further disclosure of this information unless the further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse client. These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.