

Client Name: _____ Client Date of Birth: _____ Client Social Security Number: _____

Information will be disclosed to (Name, Address, City, State, Zip, phone, email): _____

Purpose for Disclosure:

- Establishing Eligibility Determining the Amount of Assistance Providing Services
- Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of Nebraska Medicaid or Economic Assistance

Specific description of information to be disclosed: _____

This authorization shall terminate on _____ or 90 days from execution of this document if a date is not otherwise provided. I understand this authorization may be revoked at any time by submitting written in accordance with the Notice of Privacy Practices the Nebraska Department of Health and Human Services (NDHHS), published September 23, 2013, and it will be honored with the exception of information that has already been released. I also understand that if the person(s)/organization(s) authorized to receive my Protected Health Information (PHI) is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

By signing this authorization, I acknowledge that the information to be released may include material that is protected by federal law and that is applicable to either drug/alcohol or HIV related information or both. It has been explained that failure to sign this form will not affect treatment or payment, however it may affect enrollment or eligibility for certain benefits provided by NDHHS.

Client Signature: _____ Date: _____

Personal Representative: Parent Guardian Power of Attorney Date: _____

NOTICE TO RECIPIENT

This information disclosed to you is protected by state and federal laws (to include Federal Regulations, 42 CFR Part 2 of 1983) which prohibit 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 law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.