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|  | **Vocational Rehabilitation Division**  **Texas Workforce Commission**  **Permission to Collect and Notice to Disclose - Mutually Served Medicaid Waiver and VR Customers** | | | | | |
| Customer’s name:  Date of birth:  Case ID number:  Customer’s phone number: (   ) | | **Return information as directed:**  Electronic-Secure File Transfer   **For questions about this form, contact:**  Texas Workforce Commission 101 E. 15th Street Austin, TX 78778 vrsm.support@twc.texas.gov | | | | |
| **Purpose for disclosure:**  Texas interagency tracking, coordination, and reporting compliance (state law)  Coordination of services to meet customer needs  Other (describe the purpose): | | | | | | |
| **Organization or Individual Authorized to Disclose** | | | | | | |
| As the applicant or customer, I authorize Texas Workforce Commission (TWC) Vocational Rehabilitation Division (VR) to exchange with  Texas Health and Human Services the information selected in the “Information Subject to Disclosure” box. | | | | | | |
| **Name of organization or individual:**  Texas Health and Human Services  4601 W. Guadalupe St.  Austin, TX 78751  512-424-6500 | **Requested information about treatment or attendance covers this time period:**  Any periods of time relevant to Customer’s   receipt of service(s) until revoked or expired. | | | | | |
| **Information Subject to Disclosure** | | | | | | |
| The personally identifying information checked below, including protected health information, may be disclosed (including information regulated by:  HIPAA and its Privacy Rule regulations when possessed by a covered entity; 42 U.S.C. 290dd-2;  Texas Rules of Evidence, and Texas Health and Safety Code §571.015[c]).  VR staff, check items applicable to purpose of release and exchanging entity: | | | | | | |
| Program Participation Records for Medicaid Waiver Customers | | | Other (be specific): | | | |
| **Acknowledgment of Notice** | | | | | | |
| As the applicant or customer, I acknowledge that VR has provided me a copy of this authorization and has notified me that:   * The information released by this authorization may include personally identifying information concerning physical and mental disabilities, alcohol/drug abuse, HIV/AIDS,  medical history, criminal history, and educational/vocational records. * This authorization is voluntary, and I may refuse to sign this authorization to allow VR access to pertinent personally identifying information  in the possession of others. I understand that if I refuse to sign this authorization,  I must still provide information about myself to my counselor; * State and federal law permits VR to collect information about me. VR requires personally identifying  information in order to develop and administer my rehabilitation program; * VR may receive the protected health information from me or from others (such as health care providers whom I authorize to release this  information to VR). Personal or protected health information that has been obtained by VR  from another agency or organization may be released only under the conditions established by that agency or organization; * My records (including alcohol and/or drug abuse information, mental status information, and human immunodeficiency virus  test results) are protected by federal regulation and/or state law from disclosure; and * VR may redisclose or be required to redisclose some or all of this information in response to (i) a subpoena; (ii) an investigation with law  enforcement for fraud or abuse unless expressly prohibited by state or federal laws or regulations; (iii) a necessity to protect  the customer or others if the customer poses a threat to the safety or themselves or others; (iv) a requirement  by state or federal law; or (v) audit, evaluation, and research purposes only if the purposes are directly connected with the administration of the VR program  or would significantly improve the quality of life for applicants and/or customers, done  in accordance with a written agreement, and with the agreement that any product will not reveal applicant or customer personally  identifying information without the informed written consent of the applicant, individual, or the individual’s representative. | | | | | | |
| TWC-VR may need to disclose personal information or records to other organizations or individuals for purposes directly connected with  the administration of your rehabilitation program or service plan. VR also may be required, even without your written consent,  to release personal information about you, as provided by 34 CFR 361.38 or 34 CFR 367.69, 42 USC 290dd-2,  Texas Health and Safety Code Chapters 181 and 614, and Texas Occupations Code Chapter 159, to:   * a court or judicial body, if ordered to do so by the court or judicial body; * medical personnel or law enforcement, if necessary to prevent imminent harm to you or someone else; * a legislator from whom you have requested assistance in writing; * those who audit or evaluate VR or research its work with the purpose of improving services for eligible customers with the provision that  the auditors, evaluators, and researchers must keep the information confidential; or * law enforcement and other agencies authorized by law, including those investigating certain crimes or fraud, or seeking child support  payments. Exception: VR will not, except as provided by law:    + release your medical records or information; or   + provide any information about alcohol or drug abuse that might be used to prosecute you.   I, the customer, understand that:   * TWC-VR will use personal information pertaining to me for any purpose directly connected with the administration of my rehabilitation program or service plan and will obtain authorization by a signed, valid release as required; * TWC-VR will disclose records pertaining to me to any organization or individual having a valid release signed by me unless limited by state or federal law or regulation; * TWC-VR is not subject to HIPAA. Information provided to VR by an entity covered by HIPAA is not protected by HIPAA  once received by VR, but will be protected by VR or OIB regulations at 34 CFR 361 or 34 CFR 367; and * Parties to whom TWC-VR provides information are prohibited under federal regulations (34 CFR 361; 34 CFR 367) from further  releasing the information without my express written consent. However, I understand that any disclosure of information carries with  it the potential for an unauthorized re-disclosure by the party receiving it.   **Period of validity of authorization**: As the applicant or customer, I understand that I may revoke this release in writing at any time  after signing it except that any revocation does not affect an action taken based on this release prior to revocation. Until revoked by me,  this release remains valid for a period of 365 days from the date when I cease to be a VR applicant or customer, whichever date occurs later.    I understand that I cannot revoke any information already obtained.  **Miscellaneous:** As the applicant or customer, I further authorize VR and those disclosing my protected health care information or personally identifying  information under this authorization to exchange such information electronically (for example,  email or fax). A photocopy of this authorization is fully acceptable as an original. | | | | | | |
| **Applicant or Representative Signature** | | | | | | |
| Signature of applicant or customer:  **X** | | | | Printed name of applicant or customer: | Date: |
| Signature of parent, guardian, and/or representative (if necessary):  **X** | | | | Printed name of parent, guardian, and/or representative (if applicable): | Date: |
| Description of representative’s authority to act on behalf of the customer: | | | | | | |
| Signature of witness (if necessary):  **X** | | | | Printed name of witness (if applicable): | Date: |
| Signature of VR representative:  **X** | | | | Printed name of VR representative: | Date: |
| This permission to release information complies with the Drug Abuse Prevention, Treatment and Rehabilitation Act, as amended,  42 U.S.C. Sec. 290ee-3 (290dd-2), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1973, as amended, 42 U.S.C. Sec. 290dd-3 (290dd-2), and 42 CFR Part 2. | | | | | | |