Hope Lives – Vive La Esperanza
2308 North 4th Street, Flagstaff, Arizona 86004
Main: (855) 747-6522 – Fax: (602) 388-1567

Consent to Discuss, Release, Receive Protected Health Information (PHI)

Member's Name	
Date of Birth (MM/DD/YYYY):	SS#

Address_____

City_____State_____Zip_____ Phone #_____

I authorize Hope Lives – Vive La Esperanza to ☐ verbally discuss ☐ send and/or ☐ receive in writing the following documents:

☐ Psychiatric Assessments/Evaluations
☐ Diagnosis/Prognosis
☐ Team Staffings
☐ Referrals
☐ Other_____
☐ Psychosocial History Medications
☐ Treatment/Service Plans
☐ Progress Notes
☐ Grievance & Appeal File(s)

With the following individual or institution (check one)
☐ family/friend ☐ provider ☐ court ☐ adult probation ☐ parole ☐ legal representation ☐ advocacy

Name: _____:_____
Address: _____
_____
Phone: _____

For following the reason/s:
☐ Coordination of care ☐ Peer Support ☐ Billing ☐ Benefits Application ☐ Advocacy ☐ Legal
☐ Other, please describe: _____

☐ I _____have the legal right to act for this person.

Contact Information:_____

☐ I understand: My consent will expire in 12 months unless I cancel it before that time. I can cancel my consent by submitting a notice (verbal/writing) to Hope Lives Vive La Esperanza.
☐ Voluntary Authorization. Signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

_____ _____
member or personal representative signature date

_____ _____
witness date

Notice to the member or personal representative: You should get a copy of this signed document. Remember, Protected Health Information (PHI) means any information about your health in the past, present, or future, and it might include facts such as your birthday, address, substance abuse, HIV-AIDS, and other medical conditions. A full definition of PHI is at 45 CFR§160.103. For more details about this document or members' rights, you can ask for a copy of Hope Lives – Vive La Esperanza Notice of Private Practices.

Notice to the receiver: This information has been disclosed to you from records which confidentiality may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), or under state statute on confidentiality of HIV/AIDS and other communicable disease information (A.R.S. 36-664(H) you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2 and A.R.S 36-664(H). A general authorization for the release of medical or other information is NOT sufficient for this purpose.