

GREATER NEW HAVEN COORDINATED ACCESS NETWORK

AUTHORIZATION FOR RELEASE OF INFORMATION

This authorization is voluntary. The information you authorize us to disclose may be subject to re-disclosure by the recipient and if the person or organization authorized to receive the information is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. We may not condition your receipt of treatment, payment, enrollment, or eligibility for benefits of this authorization.

NAME (First, Last): _____ **DATE OF BIRTH:** _____

I hereby authorize the agencies listed below (visit <https://uwgnh.org/can-partners> for the most up to date release) to exchange the indicated information for the purpose of ensuring effective coordination of services. Initial each type of information to release:

Medical/ Mental Health	Education/ Employment	Criminal/ Legal	Housing	Substance Treatment	HIV/AIDS	Other (indicate here) _____	All the above _____
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Agencies covered by the terms and conditions of this authorization are:

— A Place to Nourish Your Health	— Griffin Hospital
— Amtrak Police	— Integrated Wellness Group
— APT Foundation	— Jewish Family Services
— Beacon Health Options	— Junta FOR Progressive Action
— Beth-El Center	— Leeway New Haven
— BHCare	— Legal Assistance Association
— Branford Counseling Center	— Liberty Community Services
— Bridges Healthcare	— Loaves and Fishes
— Career Resources/STRIVE	— Marrakech, Inc
— Christian Community Action	— New Reach
— City of New Haven	— RM4 Drop In Center
— Columbus House	— Spooner House/ACT, Inc
— Community Action Agency of New Haven	— TEAM, Inc
— Community Dining Room	— The 180 Center (seasonal)
— Connecticut Court Support Services Division	— The Connection, Inc.
— Connecticut Department of Children and Families	— Town of Hamden
— Connecticut Department of Corrections	— Trinity on the Green Church
— Connecticut Department of Housing	— United Way of Greater New Haven
— Connecticut Harm Reduction Alliance	— United Way of Milford
— Connecticut Health Network	— Upon this Rock Ministries (seasonal)
— Connecticut Mental Health Center	— Varick Memorial AME Zion Church (seasonal)
— Connecticut Dept. of Mental Health and Addiction Services	— Veterans Service Administration
— Continuum of Care	— VNA South Central Connecticut
— Cornell Scott Hill Health Center	— Women and Family Life Center
— Connecticut Coalition to End Homelessness	— Workforce Alliance/American Job Center
— Downtown Evening Soup Kitchen	— Yale-New Haven Hospital
— Emergency Shelter Management Services	— Youth Continuum
— Fair Haven Community Health Clinic	— Y2Y Network
— Fellowship Place	— Other: _____

I understand that some or all my information may be protected under Federal regulations (42 C.F.R. Part 2) and/or Connecticut state law and cannot be further disclosed without my written consent. I further understand that this authorization will expire two years from the date I sign the authorization. I may revoke this authorization in writing at any time; however, any revocation will not be retroactive for information disclosures that have already occurred.

Client Signature: _____ **Date:** _____

Printed Name: _____

Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____ **Date:** _____

Print: _____ **Legal Authority:** _____

NOTICE TO RECIPIENT OF INFORMATION
All or a portion of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.