

Instructions for Completing the Authorization for Release of Health Information under the HIPAA (OCA-960)

These instructions will help you to complete the Authorization for Release of Health Information under the HIPAA (OCA-960). **It is important that you read each line of the form carefully and that you make sure you fill in each box correctly.** Failure to complete the form may result in HRA disapproving your request.

1. IF YOU ARE A MEDICAID CONSUMER, FOLLOW THESE INSTRUCTIONS to authorize HRA to give your Medicaid records to another individual or organization. All items are required except where noted.

- On the top – Enter your information where the boxes ask for Patient Name, Date of Birth, Social Security Number and Patient Address.
- Lines 1-6 – Read and understand.
- Line 7 – Name and address of health provider or entity to release this information: Print or type; NYC HRA, 250 Church Street, 6th Floor, New York, NY 10013.
- Line 8 – Name and address of person(s) or category of person to whom this information will be sent: Enter the name and address of the person or group (example: law firm) that you want to get your information. This is where we will send the requested records.
- Line 9(a) – Specific information to be released: Tell us the kind of information you want to allow us to give.

First Box

- If you want to allow us to give part of your Medicaid Records, check the first box (Medical Record from) and enter the beginning and end dates;

Second Box

- If you want to allow us to give your entire Medicaid record, check the second box (Entire Medical record); and

Other Box

- If you want to allow us to give information that does not match the information in box 1 or 2, check the “Other” box. Print or type a clear description of the information you want us to give.

IMPORTANT: If you want HRA to give Alcohol or Drug Treatment, Mental Health Information, or HIV-Related Information that may be in your records, enter your initials next to each type of information listed in Item 9(a) that you want us to share. If you do not want us to give these types of information, leave the lines blank.

- Line 9(b) – Authorization to Discuss Health Information (optional):
 - If you want to allow HRA to discuss your health information with someone else, check the box next to the (b) and enter your initials on the first line.
 - Print or type “NYC HRA” on the line that says “Name of individual health care provider.”
 - Print or type the name of the person, attorney, law firm, agency or group that we can talk to about your information.
- Line 10 – Reason for release of information: Tell us why you want HRA to give your information to someone else. As the Medicaid consumer, you just have to check the first box in Item 10. If you want HRA to give your information for any other reason, check the “Other” box and print or type the reason.
- Line 11 –Date or event on which this authorization will end: Enter when we should stop giving information (for example, “12/31/2030” or “at the end of litigation”).
- Skip Lines 12 and 13
- Bottom line – Sign name and date.

2. IF YOU ARE A REPRESENTATIVE OF A MEDICAID CONSUMER, FOLLOW THESE INSTRUCTIONS to allow HRA to give the consumer’s Medicaid records to another individual or group for the consumer. Fill out all items except where noted.

- On the top, print or type the consumer’s Name, Date of Birth, Social Security Number, and Address in the appropriate boxes.
- Lines 1-6: Read and understand.
- Lines 7 through 11: Complete as instructed in Section 1 above.
- Line 12 – If not the patient (consumer), enter the name of person signing form: Print or type your name.
- Line 13 – Authority to sign on behalf of patient: Tell us what authority you have to sign on the consumer’s behalf. Provide a copy of the document.

IMPORTANT: When you are signing on the consumer’s behalf because the consumer did not or cannot sign, you also must submit appropriate proof of your authority to sign. Examples of proof of authority include: valid Power of Attorney,^{*} Letters of Administration or a Decree Appointing Guardian of the Person and Guardian Commission Papers).

3. Bottom line – Sign name and date.

^{*} Based on September 2010 amendments to New York General Obligations Law, a Power of Attorney (POA) is valid only when signed by both the principal and agent. The POA must contain language required by New York General Obligations Law (GOB) §5-1501(B), including “Caution to the Principal” and “Important Information for the Agent” sections. See the attached sample Power of Attorney, New York Statutory Short Form, as taken from NY GOB § 5-1513 (2014).