

AA-H (10/2014)

**COV NTAUB NTAUV CEEV TSIIS PUB TSO TAWM
DAIM NTAUV TSO CAI MUAB TAWM TAU
CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION**

Ua daim ntauv no yog tso cai muab tej ntaub ntauv teev hauv qab no uas hu ua "Cov Ntaub Ntauv Uas Tau Tso Cai Muab Tawm" tso tawm. Tus tswv uas tau muab nws cov ntaub ntauv tso tawm muaj cai txheeb xyuas thiab, tom qab them me ntsis nyiaj lawm, tau ib daim qauv ntauv cov ntaub ntauv muab tso tawm cia rau nws. Tshwj cov ntaub ntauv teev cov tshuaj noj/kev kho mob tshwm sim rau lub cev nkaus xwb, tus thawj kav xwm/tus sawv cev hauv qhov chaw kho kev mob hlwb, teeb meem lub cev kev loj hlob, quav dej quav cawv tej zaum yuav tsis kam tso cai thaum tseem tab tom muab kev kho nyob rau qeev qhov caij nyooq. Tshooj 51.30, Wis. Stats., DHS 92.03-92.06 Wis. Admin. Code.

Npe – Tus Uas Nws Tej Ntaub Ntauv Yuav Muab Tso Tawm (Tus Uas Cov Ntaub Ntauv Hais Txog)	
Chaw Nyob	
Lub Zos, Lub Xeev, Tus Zip Code	
Identifying Number (Yog Muaj)	Hnub Yug
Npe– Cov Ntaub Ntauv Yuav Muab Tso Tawm Mus Rau Katie Beckett Program/CompassWisconsin: Threshold	
Koom Haum Division of Medicaid Services	
Chaw Nyob P.O. Box 7851, Room 418	
Lub Zos, Lub Xeev, Zip Code Madison, WI 53707-7851	

Npe thiab Chaw Nyob – Lub Chaw Ua Hauj Lwm/Koom Haum Uas Tso Cai Muab Tej Ntaub Ntauv Tso Tawm

Cov Ntaub Ntauv Uas Tau Tso Cai Muab Tawm (muab cov hnub uas teev cov ntaub ntauv nrog thiab, yog muaj)

COV NTAUB NTAUV KHO MOB

- Keeb Kwm Kev Kho Mob Yav Dhau Los
- Ntaub Ntauv Teev Kev Nrho Tawm
- Daim Phiaj Kho Mob
- Ntaub Ntauv Sim Tus Mob HIV/Kho Tus Mob AIDS
- Ntaub Ntauv Teev Kev Kho Mob Nce Qib
- Lwm Yam – Teev Kom Meej:

COV NTAUB NTAUV NTSUAM TXOG

- Kho Kom Ua Taus Hauj Lwm
- Kho Zuaj Ib Ce
- Kho Kev Hais Lus
- Kho Kev Mob Hlwb/Nyuab Siab
- Kho Tus Mob Autism Hauv Tsev
- Lwm Yam – Teev Kom Meej:

COV NTAUB NTAUV KHO THAUM NTAUV

- LOS YOG HAUV TSEV KAWM NTAUV
- Ntaub Ntauv Ntsuam IEP Seb Nyob Li Cas
- Ntaub Ntauv Kho Thaum Ntxov
- Ntaub Ntauv Hais Txog IEP Ziag No
- Ntaub Ntauv Hais Txog IFSP Ziag No
- Lwm Yam– Teev Kom Meej

COV NTAUB NTAUV KHO KEV NYUAJ SIAB MOB HLWB

- Tag Nrho Cov Ntaub Ntauv Kho Kev Nyuaj Siab Mob Hlwb
- Lwm Yam – Teev Kom Meej:

Lub Hom Phiaj Xav Tau Rau Qhov Kom Muab Cov Ntaub Ntauv Tso Tawm (Teev Kom Meej)

Cov ntaub ntauv no yog koj mus siv rau kev txiav txim txog qhov kev pab tu koj tus me nyuam raws li Tseem Fwv thiab lub Xeev kev pab cuam Medicaid cov cai. Qhov no kuj muaj xws li Wisconsin Katie Beckett Program/CompassWisconsin: Threshold cov neeg ua hauj lwm yuav muab cov ntaub ntauv no mus siv ua koj daim ntauv thov kev pab. Nyob rau ib co mas cov neeg ua hauj lwm yuav xyuas koj cov ntaub ntauv no thaum lawv ua cov ntauv hais txog kev tsis txaus siab rau ib qhov kev txiav txim kom rov qab muab qhov teeb meem los hais dua, los yog cov neeg ua hauj lwm tshawb fawb yuav siv koj mus daws tej kev liam txog kev dag los yog kev tsim txom, thiab siv rau thaum muaj tej plaub ntug ntsig txog tib neeg rov sib foob los yog tej plaub ntug nom tswv foob tib neeg.

Kev To Taub

- Qhov tso cai no yog nyob ntauv siab. Kev tsis kam kos npe yuav tsis muaj dab tsi raug rau kev pab kho mob, them nqi kho mob, ua npe zwm los yog txais kev pab cuam tsuas tshwj qhov tias:
 - Tsis muaj dab tsi
 - Muaj qhov tshwj tias (teev kom meej): **Yog tsis kos npe rau daim ntauv tso cai no, los yog thim tsis kam tso cai ua ntej peb tau txais tej ntaub ntauv peb xav tau, qhov no yuav ua rau peb txiav txim tsis tau sai rau qhov koj thov kev pab, thiab yuav ua rau koj tsis tau txais kev pab kuj muaj.**
- Cov ntaub ntauv kuv tso cai muab tawm tus neeg tau txais cov ntaub ntauv yuav muab tso tawm mus ntxiv tau raws li txoj cai lij choj pom zoo nkaus xwb. Yog cov ntaub ntauv raug muab tso tawm dua mus ntxiv, yuav muaj lwm yam cai lij choj los tswj qhov no rau tus uas nws tau txais cov ntaub ntauv.
- Kuv yuav sau ntauv mus thim tsis kam daim ntauv tso cai no thaum twg los tau, tshwj cov ntaub ntauv uas twb muab tso tawm lawm vim qhov tau tso cai no lawm xwb. Daim ntauv sau kom thim daim ntauv tso cai yuav tsum muab xa mus rau lub chaw ua hauj lwm/koom haum uas kuv tau tso cai muab tej ntaub ntauv tso tawm.
- Daim ntauv tso cai kuj tseem tso cai muab tawm tau tej ntaub ntauv uas ua tawm rau hnub kuv kos npe los yog tom qab ntauv.
- Ntshe ho yog thim tsis kam lawm xwb, daim ntauv tso cai no yuav siv tau mus txog rau hnub uas sij hawm tas siv tsis tau raws li tau teev hauv qab no.

Xaiv Ib Qho:

- Qhov tso cai no sij hawm tas siv tsis tau txij hnub _____ (Hnub).
- Qhov tso cai no sij hawm tas siv tsis tau **12** lub hlis suav txij hnub kuv kos npe rau daim ntauv tso cai no.
- Qhov tso cai no sij hawm tas siv tsis tau tom qab qhov hauj lwm no:

Raws li pov thawj kuv qhov kos npe, kuv tso cai muab cov ntaub ntauv tso tawm rau tus neeg los yog lub chaw ua hauj lwm uas tau teev npe nyob rau saud.

KOS NPE - Me Nyuam (hnub nyooq 14 xyoos rov saud)	<input type="checkbox"/> Kos rau ntauv no yog tus me nyuam kos npe tsis tau	Hnub Kos Npe
KOS NPE – Lwm Tus Neeg Uas Muaj Cai Los Tso Cai Muab Tawm	Yog Lawm Li Cas Rau Tus Muaj Npe Cov Ntaub Ntauv	Hnub Kos Npe

CONFIDENTIAL INFORMATION **AA**
RELEASE AUTHORIZATION (10/2014)

Completion of this form authorizes the release of information described in the section below called "Specific Description of Records Authorized for Release." The person (record subject) whose records are released may have a right to inspect and, upon paying any applicable fees, obtain a copy of the disclosed records. Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances. Section 51.30, Wis. Stats., DHS 92.03-92.06 Wis. Adm. Code.

Name – Person Whose Records Will be Released (Record Subject)	
Address	
City, State, Zip Code	
Identifying Number (If Any)	Date of Birth
Name - Information May be Released To Katie Beckett Program/CompassWisconsin: Threshold	
Organization Division of Long Term Care	
Address P.O. Box 7851, Room 418	
City, State, Zip Code Madison WI 53707-7851	

Name and Address – Agency / Organization I Authorize to Release Information

Specific Description of Records Authorized for Release (Include dates of records, if applicable)

MEDICAL RECORDS

- Medical History
- Discharge Summaries
- Plan of Care
- HIV Test Results / AIDS Treatment Records
- Progress / Clinical Notes
- Other – Specify:

THERAPY EVALUATIONS / UPDATES

- Occupational Therapy
- Physical Therapy
- Speech Language Pathology
- Psychotherapy
- In-home Autism Therapy
- Other – Specify:

EARLY INTERVENTION OR SCHOOL RECORDS

- IEP Evaluation Report
- Early Intervention Report
- Current IEP
- Current IFSP
- Other – Specify:

MENTAL HEALTH RECORDS

- All Mental Health Records
- Other – Specify:

Purpose or Need for Release of Information (Be Specific)

These records will be used to determine your child's level of care as required by Federal and State Medicaid standards. This use usually includes the review of the information by Wisconsin Katie Beckett Program/CompassWisconsin: Threshold staff in processing your application for benefits. In some cases your information may be viewed by staff who process appeals of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related civil or criminal proceedings.

Understandings

- This authorization is voluntary. Refusal to sign will not affect treatment, payment, enrollment or benefits eligibility except for:
 - No exceptions
 - Exceptions (specify): **Failing to sign this release, or revoking the release before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits.**
- The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the redisclosed information may be controlled by different laws.
- I may revoke this authorization, in writing, at any time except for information already released as a result of this authorization. The written revocation must be given to the agency/organization I authorized to release information.
- This authorization also permits the release of records generated on or after the date of my signature.
- Unless revoked, this authorization will remain in effect until the expiration time indicated below.

Choose One:

- Authorization expires as of _____ (Date).
- Authorization expires **12** month(s) from the date I sign this authorization.
- Authorization expires after the following action takes place:

As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

SIGNATURE – Child (If age 14 years or older)	<input type="checkbox"/> Check here if your child is unable to sign	Date Signed
SIGNATURE - Other Person Legally Authorized to Consent to Disclosure	Title or Relationship to Record Subject	Date Signed