

Arizona Department of Economic Security
Rehabilitation Services Administration (RSA)

**Release of RSA Information
(Including HIPAA Covered Records)**

Name of Rehabilitation Services Administration (RSA)
Applicant/Client:

Also Known As (AKA) / Maiden Name:

Address (No., Street):

City: _____

State: _____ ZIP Code: _____

Date of Birth: _____

Phone Number: _____

I, the undersigned RSA applicant/client or legal guardian, authorize the RSA to disclose confidential applicant/client information to (select one):

Person: _____

Organization: _____

Attention: _____

Relationship to RSA Applicant/Client:

Address (No., Street)

City: _____

State: _____ ZIP Code: _____

Phone Number: _____

Fax Number: _____

Information to be released by:

Email: _____

Mail Fax Pick-up Verbal Communication

Expiration Date of this Authorization: _____

RSA Records To Be Disclosed

Directions: Complete this section to authorize the release of the applicant's/client's RSA records to the person or organization identified above. The RSA is not permitted to re-release any secondary source information. **The information to be disclosed is as follows (include date(s) if applicable):**

RSA Case Notes:

Program Eligibility:

Individualized Plan for Employment (IPE):

Medical Evaluation(s):

Functional Capacity Evaluation(s):

Vocational Evaluation(s):

Psychological / Neuropsychological Evaluation(s):

RSA Service Vendor Progress Notes:

Other:

Other:

The purpose of this disclosure is:

Participation In RSA Program Proceedings

Directions: Complete this section if you would like the person identified above to participate in the applicant/client's program proceedings and receive verbal communications from RSA, without any acting capacity, on behalf of the applicant/client. **The person identified can (check all that apply):**

Participate in proceedings, such as meetings related to my case, and provide support without the authority to act on behalf of the applicant/client.

Contact RSA to receive updates on my case progress via phone, email, text, or in-person communication.

Authorization

- Controlling federal and State statutes limits the RSA's release of confidential client information.
- The parent or legal guardian must sign this authorization if the RSA applicant/client is a minor (under age 18) or has a court-appointed legal guardian.
- RSA may possess secondary source information that is prohibited from being re-released. This information may be requested from the original source through the client.
- Reports and evaluations generated by RSA are intended for the sole purpose of planning and administering an individualized rehabilitation program.

- RSA will not accept liability for the use of this information in any other manner than as intended and authorized by the client.
- Confidential client information may not be used by the recipient for purposes not stated in this authorization.
- The recipient may not release confidential client information to others.
- If no expiration date or condition is specified, this authorization shall expire one year from the date of this authorization.
- I understand by signing this release I authorize the release of my confidential information to the named recipient.
- I understand that, except to the extent that the disclosure authorized has been acted upon before the RSA's receipt of any revocation, I may revoke this authorization at any time by written notice to the RSA.
- I understand that I may be provided a copy of this signed authorization, upon my request.

RSA Applicant/Client's Signature:

Date: _____

Parent of a Minor or Legal Guardian's Signature:

Date _____

If signed by the Legal Guardian, indicate your relationship to the individual and provide appropriate documentation to verify your authority.

Parent of Minor

Legal Guardian

Other:

A copy of this completed, signed, and dated form must be given to the Legal Guardian on behalf of the individual.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local