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:

_____

See page 2 for EOE/ADA disclosures

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.