

## INSTRUCTIONS

DHS 1123 (Revised 10/05)

Authorization to Disclose Confidential Information **by** the Med-QUEST Division

### Purpose:

1. To allow Med-QUEST Division to secure authorization to disclose information to the applicant, recipient or legal representative or to a third party authorized to receive specific confidential information.

### Specifics:

1. Applicable full name must be stated.
2. If legal representative, describe the type of legal appointment. (i.e. lawyer, court order, legal guardian, or legal parent etc.) Attach a copy of the legal authorization with DHS 1123.
3. Describe information requested by using the check boxes provided, be as specific as possible.
4. Name of Applicant/Recipient.
5. Social Security Number, and Date of Birth.
6. Name of party or agency authorized to receive the information specified. Relationship to applicant/recipient, if any.
7. Mailing address of the party authorized to received the information.
8. Phone number of the party authorized to received the information.
9. The reason the information is wanted and how it is to be used. The applicant, client or legal representative is **Not** required to fill out this section.
10. Expiration date or event of this authorization, whichever is shorter. Not to exceed 1 calendar year from date of authorization. Example: date of authorization 10/21/2005, expiration date 10/20/2006.
11. Signature, date and address of applicant, recipient or legal representative identified in item (1).

### MQD staff:

1. Verify the identity of the client/legal representative.
2. Inform the authorized requestor that the copy of the requested information is available at reasonable cost-based fee plus postage.
3. Date stamp the authorization form.
4. Review client case record for restrictions before making disclosures. release the specific information Authorized only, redact any information not related to the request or the client (including information of other clients in the same case file).
5. If requested information **IS** available: (Refer to MQD Division Policy & Procedures 1.B.5.1.b.vi.A)
  - Disclose requested information within 10 working days from date of receipt of authorization.
  - forward original DHS 1123 to MQD Administration via courier mail
6. If requested information is **NOT** available in your branch,
  - Fax completed DHS 1123 and DHS 8021 to MQD Administration within 5 working days, forward original DHS 1123 via courier mail.
  - MQD Administration will identify the location of requested information** and fax DHS 1123 to appropriate Branch.
  - Branch must disclose information within 30 days of original receipt of request and fax DHS 8021 specifying date requested information was disclosed.
  - If multiple Branches are involved, Then **MQD Administration** will act as central point. Branches that contain requested info will fax or forward to MQD Administration.
7. File a duplicate copy in client case record and route original copy of authorization form DHS 1123 to MQD Administration & store for 6 years.

**\* Do not release any information not specified in the authorization.**