

Case Information Release**Section I**

Case Name: _____ Case Number: _____

By signing this authorization form, you are giving the Texas Health and Human Services Commission (HHSC) permission to release all or part of your case record, which may also include health information. You do not have to sign this release in order to apply for or receive benefits from HHSC.

Section II

I authorize HHSC to release my case record to the following person or agency for the purpose(s) stated in Part A below. My information will remain available to the person or agency indicated until the expiration date stated in Part B.

Part A – Release of Information:

I understand that my case record may contain protected health information. Release my information to the following person/agency:

Check one of the following:

- ☐ Release all of my case record
- ☐ Release only the following information:

Part B – Purpose(s) of Release:

This authorization expires on: _____

Part C – Signature:_____
Client or Personal Representatives Signature_____
Date

- ☐ If you are signing for the client, please describe your authority to act for the client on the following line:

Note: If the person requesting the release of case information cannot sign his/her name, two witnesses to his/her mark (X) must sign below. Accept one witness signature in circumstances where it is not possible to obtain two witness signatures. Document the reason in the case record.

Witness: _____ Date: _____

Witness: _____ Date: _____

Section III**Notice to Client**

- Once you authorize HHSC to release your information, HHSC is not responsible for any re-disclosure of the information by the recipient.
- You can withdraw permission you have given HHSC to use or disclose health information that identifies you, unless HHSC has already taken action based on your permission. You must withdraw your permission in writing.

With a few exceptions, you have the right to request and be informed about the information that the HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect. (Government Code, Sections 552.021, 552.023, 559.004.) If you would like HHSC to correct information about you that is incorrect, please contact your local eligibility determination office.