INDIVIDUAL AUTHORIZATION
The Arc of Monroe, A Chapter of ArcNY, Inc.

By signing below, I authorize the disclosure of the protected health information for the individual named on this form as indicated below.

Person’s name: _______________________________________________________

What information will be disclosed: ______________________________________

________________________________________________________________________

The purpose of this disclosure is: __________________________________________

________________________________________________________________________

Who will disclose the information (list agency program(s) or department(s)): ____________________________

To whom the information will be disclosed: ____________________________________

When this authorization will expire (by date or event): __________________________

By signing below:

- I understand that I can refuse to sign this authorization and that by doing so, services to the person named above cannot and will not be affected.
- I understand that I have the right to revoke this authorization at any time by doing so in writing to the agency’s privacy officer but that doing so will not affect disclosures already made.
- I understand that this information could be re-disclosed by parties who receive it if they are not bound by state or federal regulations to protect it. The Arc of Monroe County is not responsible for such re-disclosure.
- I acknowledge that the form was completed fully at the time I signed.
- I have reviewed and understand the information on and the intent of this form.

______________________________________________________________
Printed Name

______________________________________________________________
Signature                                                                 Date

Relationship to individual listed above:

☐ Self   Legal representative of this person (must use the first present on the following list):
☐ Court-appointed guardian
☐ Actively involved spouse
☐ Actively involved parent
☐ Actively involved adult child
☐ Actively involved adult sibling
☐ Actively involved adult family member

***PERSON SIGNING THE FORM MUST RECEIVE A COPY OF THIS FORM***