GREATER NEW HAVEN COORDINATED ACCESS NETWORK
AUTHORIZATION FOR RELEASE OF INFORMATION

This authorization is voluntary. The information you authorize us to disclose may be subject to re-disclosure by the recipient and if the person or organization authorized to receive the information is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. We may not condition your receipt of treatment, payment, enrollment, or eligibility for benefits of this authorization.

NAME (First, Last): _____ DATE OF BIRTH: _____

I hereby authorize the agencies listed below (visit https://uwgnh.org/can-partners for the most up to date release) to exchange the indicated information for the purpose of ensuring effective coordination of services. Initial each type of information to release:

Medical/ Mental Health	Education/ Employment	Criminal/ Legal	Housing	Substance treatment	HIV/AIDS	Other (indicate here)	All the above
_____	_____	_____	_____	_____	_____	_____	_____

Agencies covered by the terms and conditions of this authorization are:

___ A Place to Nourish your Health	___ Fellowship Place
___ Amtrak Police	___ Griffin Hospital
___ APT Foundation	___ Integrated Wellness Group
___ Beacon Health Options	___ Jewish Family Services
___ Beth-El Center	___ Junta FOR Progressive Action
___ BHCare	___ Leeway New Haven
___ Branford Counseling Center	___ Legal Assistance Association
___ Bridges Healthcare	___ Liberty Community Services
___ Career Resources/STRIVE	___ Loaves and Fishes
___ Christian Community Action	___ Marrakech, Inc
___ City of New Haven	___ New Reach
___ Columbus House	___ RM4 Drop In Center
___ Community Action Agency of New Haven	___ Sex Workers and Allies Network
___ Community Dining Room	___ Spooner House/ACT, Inc
___ Connecticut Court Support Services Division	___ TEAM, Inc
___ Connecticut Department of Children and Families	___ The 180 Center (seasonal)
___ Connecticut Department of Corrections	___ The Connection, Inc.
___ Connecticut Department of Housing	___ United Way of Greater New Haven
___ Connecticut Harm Reduction Alliance	___ United Way of Milford
___ Connecticut Health Network	___ Upon this Rock Ministries (seasonal)
___ Connecticut Mental Health Center	___ Varick Memorial AME Zion Church (seasonal)
___ Connecticut Dept. of Mental Health and Addiction Services	___ Veterans Service Administration
___ Continuum of Care	___ VNA South Central Connecticut
___ Cornell Scott Hill Health Center	___ Women and Family Life Center
___ Connecticut Coalition to End Homelessness	___ Workforce Alliance/American Job Center
___ Downtown Evening Soup Kitchen	___ Yale-New Haven Hospital
___ Emergency Shelter Management Services	___ Youth Continuum
___ Fair Haven Community Health Clinic	___ Other _____

I understand that some or all my information may be protected under Federal regulations (42 C.F.R. Part 2) and/or Connecticut state law and cannot be further disclosed without my written consent. I further understand that this authorization will expire two years from the date I sign the authorization. I may revoke this authorization in writing at any time; however, any revocation will not be retroactive for information disclosures that have already occurred.

Client Signature: _____Date: _____
Printed Name: _____

Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____Date: _____
Print: _____ Legal Authority: _____

NOTICE TO RECIPIENT OF INFORMATION

All or a portion of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.