



COUNTY INDIGENT HEALTH CARE PROGRAM
CASE RECORD INFORMATION RELEASE
PROGRAMA DEL CONDADO DE ATENCIÓN MÉDICA AL INDIGENTE
REVELACIÓN DE INFORMACIÓN DE EXPEDIENTE DE CASO

Case Record Name/Nombre en el expediente de caso
Case Record Number/Número de expediente de caso

I do hereby authorize persons, organizations, or establishments having information or records concerning me/us (or) my/our circumstances, to furnish such information to a representative of the County Indigent Health Care Program.

Yo, por este medio, autorizo a las personas, organizaciones o establecimientos que tengan información o documentos sobre mí/nosotros o sobre mis/nuestras circunstancias para que den dicha información a un representante del Programa del Condado de Atención Médica al Indigente.

I hereby grant permission for the County Indigent Health Care Program to obtain information which may have a bearing on my/our eligibility for assistance.

Yo, por este medio, doy permiso al Programa del Condado de Atención Médica al Indigente para que obtenga la información que pudiera incidir en mi/nuestro derecho a recibir asistencia.

This release form is valid for six months after the date signed.

Este formulario de revelación es válido por seis meses a partir de la fecha en que se firma.

Person or Agency to Whom Information Will Be Released/Persona o agencia a quien se revelará la información

Specific Request (Specify in 1 and 2 below.)
Petición específica (especifique en 1 y 2 a continuación).

1. Information Requested/Información pedida:

2. Period Covered (Dates)/Periodo cubierto (fechas):

General Request (Any information available may be released.)
Petición general (puede revelarse toda la información disponible).

Signature- Applicant or Recipient/Firma – Solicitante o beneficiado

Date/Fecha

Signature – Spouse/ Firma - Cónyuge

Date/Fecha

Signature – Guardian, Power of Attorney, Parent of Minor Child/
Firma - Tutor, poder notarial o padre/madre del menor

Date/Fecha

PURPOSE

Use as the household member's authorization to release information that will help determine the household's CIHCP eligibility.

PROCEDURE

Complete an original and one copy of the Form 108.

Issue the original Form 108 to the person or agency that will provide the requested information.

File the copy of the Form 108 in the case record.

DETAILED INSTRUCTIONS

Enter the case record name.

Enter the case record number.

Enter the name of the person or agency to whom information will be released.

Specific Request. Check this box if the client wants to limit the release of information to specific items or a specific time period.

- Enter the type of Information Requested, such as:
 - o Type and amount of benefits,
 - o Amount of income, or
 - o Degree of disability.
- Enter the Period Covered for specific information to be released, such as:
 - o "for September 2002" and
 - o "pertinent to the September certification."

General Request. Check this box if there are no restrictions on the type of information to be released.

The person about whom the information is being requested must sign and date Form 108.

One witness signs and dates Form 108, if applicable.

FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year following the date on which the application is submitted.