Authorization for the Sonoma County Multi-Disciplinary Team to Share and Use Information

Client's Legal Name: _____ DOB _____

Also Known As (Optional Alt Name): _____ Last 4 SSN Digits [ ][ ][ ][ ]

Sonoma County coordinates teams of health care providers, social service agencies, homeless services, and other agencies to help clients get services they need. By signing this form, you will allow teams from these agencies to share information so they can help you. If you don't sign this form, you can still seek services from these organizations on your own, but you will not be eligible for services from the Sonoma County Multi-Disciplinary Team.

AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH AND PERSONAL INFORMATION

Initial Here	INITIAL HERE TO ALLOW ALL AGENCIES LISTED BELOW TO SHARE YOUR INFORMATION: I've written my initials to acknowledge that the County agencies, health care providers, and other organizations listed below are allowed to share my information with each other.

Sonoma County Departments:

Health Services
- Drug & Alcohol Services
- Homelessness Services
- Mental Health Services
- Public Health

Human Services
- Adult and Aging including Veterans Services
- Economic Assistance
- Employment & Training
- Family, Youth and Children Services

Other Agencies: (Community Partners)

Community Health Services
- Alexander Valley Health Care
- Alliance Medical Center
- Petaluma Health Center
- Santa Rosa Community Health Centers
- Sonoma County Indian Health Project
- Sonoma Valley Community Health Centers
- West County Health Centers

Hospital Systems
- Healdsburg District Hospital and clinics
- Kaiser Permanente Hospitals and clinics
- Providence Health System and clinics
- Sonoma Valley Hospital and clinics
- Sutter Hospitals and clinics

Other Service Agencies
- Community Action Partnership
- Face to Face HIV Services
- Family Justice Center
- Felton Institute
- Goodwill Industries
- Legal Aid of Sonoma County
- North Bay Regional Center
- Partnership Health Plan
- Siyan Clinical Corp.
- Verity
- YWCA

Other Sonoma County Departments/Agencies
- Child Support Services
- Community Development Comm. /Housing Authority
- Probation Department
- Public Defender's Office
- Sonoma County Sheriff's Medical Services

City Based Homeless Services
- City of Healdsburg Homelessness Services
- City of Petaluma Homeless Services
- City of Rohnert Park Homeless Services
- City of Santa Rosa Homeless Services
- City of Sebastopol Homeless Services
- City of Sonoma Homeless Services

Homeless/Housing Service Agencies
- Buckelew Programs
- Catholic Charities of Santa Rosa
- Community Support Network
- COTS
- HomeFirst Services
- Homeless Action Sonoma (HAS)
- Interfaith Shelter Network
- Interlink Self-Help Center
- Nation's Finest – Veteran's Services
- Reach for Home
- Redwood Gospel Mission
- SHARE Sonoma County
- Sonoma Applied Village Services
- (SAVS) Sonoma Overnight Support
- St. Vincent de Paul
- The Living Room
- West County Community Services

Substance Use Disorder Services
- Drug Abuse Alternative Center
- Hilltop Recovery Services
- Santa Rosa Treatment Program
- Women's Recovery Services

Youth Services
- TLC Child and Family Services
- Voices Sonoma Youth Center

Other:	Sonoma County Superior Court	Other:	
Other:	Sonoma County District Attorney Office	Other:	

Authorization for the Sonoma County Multi-Disciplinary Team to Share and Use Information

Rev. 1/1/25

This authorization to release information will **expire 5 years from the date it is signed; or will expire on:_____** ***(Not to exceed 5 Years.)***

HEALTH AND PERSONAL INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES

THIS AUTHORIZATION ALLOWS DISCLOSURE OF ALL YOUR HEALTH, SOCIAL SERVICES, AND PROBATION RECORDS

The agencies listed on this authorization form can share all information from your health care records or personal records. The information may come from your past, present or future physical health provider, mental health provider, or substance use treatment provider. The information may also come from your Social Services records, Justice Records (if any) or the records of any other agency listed on this authorization form. The information the agencies share may be written or spoken.

Initial Here **Initial here to indicate you understand we will share your mental health information.**

Initial Here **Initial here to indicate you understand we will share your Substance Use Program information from past, present and future treating providers.**

Initial Here **Initial here to indicate you understand we will share your HIV/Aids information, if any.**

PURPOSES AND LIMITATIONS ON THE USE OF YOUR HEALTH AND PERSONAL INFORMATION

The agencies listed on this authorization form will use the information they share to refer you to services or to work with other agencies to provide services that will improve your health and well-being. These services may be in areas like health care, housing, employment, education, nutrition, parenting, child welfare, and/or other traditional social services. This information may also be used for research purposes.

I understand that:

- I have a right to receive a copy of this authorization and have been offered a copy.
- I have the right to tell you to stop sharing my information by writing a letter or email to:
  Sonoma County Privacy Officer: 1450 Neotomas Ave, Santa Rosa, CA, 95405
  or by e-mail at DHS-Privacy&Security@Sonoma-County.org; or call (707) 565-5703

If I tell you to stop sharing my information, you will stop on the day I tell you to stop, but it will not affect information you already shared.

- I understand I don't have to sign this form and my information won't be shared if I don't sign it, however I will not be able to participate with the Multi-Disciplinary Team. If I want to see these services through individual organizations, they won't deny me treatment, enrollment, or eligibility for benefits because I didn't sign this form; however, I won't be served by the IMDT and some services and treatment can't happen if I don't allow my information to be shared.
- Information that the agencies share with each other may then be shared by the person who gets the information, except for certain federally protected drug and alcohol records. I understand that some of the information that is shared may no longer be protected by privacy laws; for example, if I allow information to be shared with a family member.

Employee Name:	Agency of Employee filling out this form:		
Client Signature:	Print Name:		Date:
Representative Signature:		Relation:	Date: