



## SPONSOR INFORMATION

Name: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Branch of Service: Navy Marine Corps Air Force Army Coast Guard

Status: Active Duty/Duty Station: \_\_\_\_\_ Retired Military Veteran

## HOSPITAL POINT OF CONTACT

Name of Person Filling Out Referral (Print): \_\_\_\_\_

Title (e.g. Social Worker): \_\_\_\_\_ Signature/Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SPECIAL NOTES

This authorization for release of the above information to the above named persons/organizations expires on: \_\_\_\_\_

I understand that:

- (A) I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the Fisher House manager if this is an authorization for information possessed by the military treatment facility. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- (B) If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- (C) I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524.

I request and authorize the named provider/treatment facility/TRICARE health plan to release the information described above to the named individual/organization indicated.

The Fisher House accommodates families who need to be close to loved ones undergoing treatment as an inpatient at any medical treatment facility.

The Fisher House is available for a period not to exceed 30 days to families who have no local accommodations. The Fisher House serves as a compassionate and supportive home for families who are coping with the stress of a life-threatening crisis. The Fisher House is not a step-down nursing medical facility and may not be treated as such.

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R: SORN DPR 40 DoD.

**PRINCIPAL PURPOSE(s):** The purpose of this form is to allow the DON (CNIC) Fisher House managers to determine eligibility and priority for lodging at the Fisher House based on the criteria and eligibility as set forth in SECNAVINST 7010.8B.

**ROUTINE USE(s):** The routine use is to allow the DON (CNIC) Fisher House managers to determine continued eligibility based on routinely updated medical status to allow for further lodging within the Fisher House.

*This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.*