

INSTRUCTION FOR COMPLETING THE OCA 960

HIPAA – COMPLIANT AUTHORIZATION FORM TO RELEASE HEALTH INFORMATION

This form is the result of a collaborative process between the NYS office of Court Administration, medical providers, and the bench and bar, and complies with Health Insurance Portability and Accountability Act (HIPAA). Suffolk County Department of Health uses this form to communicate medical records requests, as well as requests to communicate verbally with different units within the Department of Health Services. The following instructions detail information required for this authorization to be considered valid and allow further communication regarding protected health information of Suffolk County Residents who received care under the Department of Health.

1. Complete the top section of the form:
 - a. Full name
 - b. Full date of birth
 - c. At least last 4 of social security numbers
 - d. Full address (even if patient is incarcerated, please put address of which facility they currently reside)
2. Complete box 7 with full name of the department, division, or unit which provided care to person and house the medical records. **See table below**
3. Complete box 8 with complete name and address of institution, agency, contact requesting records. It is also helpful to add a fax #, if no cover letter is attached to allow a method to communicate with requesting entity.
4. Complete box 9, indicate which selection best describes the information you are requesting.
 - a. Please have patient initial the areas of sensitive categories they are comfortable having us release to the receiving entity. We will redact the information pertinent to those sections if there is no initial for Alcohol/Drug treatment, Mental health, and HIV related information.
 - b. Complete this section if part the information will require verbal communication with the Suffolk County Dept of Health subdivision or unit.
5. Complete box 10 as pertains to the request of information, either at the behest of the patient or due to another reason, such as litigation.
6. Complete box 11 with an end of the term of this authorization, it cannot remain indefinite. Examples: end of litigation, 1 year, a specific date, etc.

If the patient's records are not being requested by them for any reason, and they are not signing the authorization, boxes 12 and 13 need to be completed.

7. Complete box 12 and 13 stating the person who is signing the form in box 12 and in box 13 state how they are related to patient they are requesting records from. Examples: Jane Doe & mother of patient; John Doe & Power of Attorney
8. In cases where power of attorney is relevant, please use the power of attorney template linked on compliance page.

9. In cases where the patient is deceased, please produce letters of testimony or letters of administration completed within 6 months of the date requesting records as well as a completed OCA 960 authorization form.

Departments/Units in Suffolk County Dept of Health	Types of records	Address of Departments/ Units
Jail Medical Unit- Riverhead	Jail Medical Records for Riverhead Inmates	100 Center Dr, Riverhead, NY 11901
Jail Medical Unit- Yaphank	Jail Medical Records for Yaphank Inmates	200 Suffolk Ave, Yaphank, NY
Jail Mental Health Unit-Riverhead	Jail Mental Health Records for Riverhead Inmates	100 Center Dr, Riverhead, NY 11901
Jail Mental Health Unit-Yaphank	Jail Mental Health Records for Yaphank Inmates	200 Suffolk Ave, Yaphank, NY
Division of Services of Children with Special Needs	Developmental Assessments of children	Suffolk County Department of Health—DSCSN PO Box 9006 Great River, NY 11739-9006
Public Health Protection (PHP)	Evaluation regarding inspections or evaluations performed in the field.	360 Yaphank Ave., Suite 2A Yaphank, NY 11980
Public Health Nursing	Records regarding mother and infant assessments	3500 Sunrise Highway, Suite 124 Great River, NY
Department of Environmental Quality	Evaluations regarding locations of concern regarding environmental quality	360 Yaphank Avenue. Suite 2b Yaphank, NY 11980