**Tip Sheet – Release of Information (ROIs)**

**IMPORTANT NOTE:**
Your medical information is protected. An ROI lets us talk to other people (doctors, schools, treatment agencies, etc.) who have taken care of you. We usually ask for information from the last 5 years. The ROI lets us send and receive information to provide better care for you.

**ROIs can do up to three things: (usually you want Compass Health to exchange)**

- Allow Compass Health to share information about you to someone (such as a caregiver, natural support, family member, or someone involved in your care like your doctor/PCP). This type of action is called **disclose**.
- Allow someone else (such as a hospital, school, or previous mental health treatment providers) to share information about you with Compass Health. This type of action is called **receive**.
- Allow Compass Health to send and receive information about you, an exchange of information (such as between Compass Health and your doctor/PCP). This type of action is called **exchange**.

**Key factors to remember:**
- ROIs expire when you leave treatment, or if you revoke/end the ROI – Clients can revoke or end an ROI at any time.
- In an emergency or a situation in which your safety or the safety of someone else is at risk, information about your health or medical records can be released without an ROI.

**To complete the ROI form please fill out the required sections:**

- **Client Name/ID/DOB** – Please include the client’s first name, last name, and date of birth in this section.
- **Compass Health Address:** If you know the name or location you’d like to receive services from please list that here, otherwise leave it blank.

![Compass Health Address](image)

- **Mark what Compass Health can do:** either **disclose**, **receive**, or **exchange** information. List the name of the person Compass Health can talk to about you. This can be a person such as your emergency contact or someone that has helped you in your past such as your PCP, or a hospital, or a school.

![Compass Health form](image)
Please select All Dates. If you do not want to share old information you can add a date range. If you add a date range we will only be able to share information about you from these dates.

I authorize the release of any and all of the following medical, mental health and/or substance use disorder information, as specified, which may be contained in my records (Check all that apply) with the following date parameters:

- All Dates - or - Date Range: ____________________________

Select the types of documents/information you would like to be shared

- Behavioral Health Diagnoses
- Mental Health Assessment
- Psychiatric Evaluations
- Substance Use Disorder Assessments
- Treatment/Crisis Plans
- Treatment Plan Reviews
- Psychiatric Treatment Notes

- Progress Notes
- Listing of Services Provided
- Compliance Reports
- Medication Summary
- Nursing Assessments
- History and Physical
- Medical Diagnoses

- Medical History/Profile
- Lab Results
- Drug Screen Results
- Substance Use Abstinence Status
- Attendance Records
- Discharge Summary
- Other (specify): ____________________________

Indicate at least one reason for disclosure – usually coordinating care/service delivery

- Assisting in diagnosis and treatment
- Assuring continuity of care
- Treatment planning
- Coordinating care/service delivery
- Report on progress
- Referral for other treatment
- Inform others of treatment status

- Verify compliance
- Legal Consulting
- Determine disability
- Vocational
- At the request of the individual
- Educating natural supports about behavioral health issues
- Other (specify): ____________________________

To disclose information related to HIV/AIDS or sexually transmitted diseases select the approve box.

I understand that my record may contain information regarding testing, diagnosis, or treatment of HIV/AIDS, or of sexually transmitted diseases. I give my specific authorization for these records to be disclosed. (RCW 70.24.105)  

- Approve
- Deny

Add the date the ROI is effective – usually this would be today’s date.

This Authorization is effective (date): 4/10/2020

Lastly, sign and date the ROI.

Signature of client, or client’s parent/guardian/legal representative: ____________________________

Date: 4/10/2020