

**County of San Bernardino  
Department of Behavioral Health**

**CONSENT AND AUTHORIZATION TO EXCHANGE CONFIDENTIAL  
INFORMATION FOR VETERANS STATUS**

Name of Client: _____	Date of Birth: _____ Month/Day/Year
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security: <u>XXX</u> - <u>XX</u> - _____

**Completion of this document authorizes the release, disclosure, and/or use of health information about you. Failure to provide all information requested may invalidate this Authorization.**

By my signature below, I authorize the County of San Bernardino, Department of Behavioral Health (DBH), to release information to the San Bernardino County Department of Veterans Affairs (DVA) and the United States Department of Veterans Affairs (USDVA) for the purpose of identifying and/or assisting with the obtaining of veterans benefits and to authorize the DVA and the USDVA to release their findings to DBH. Information released shall be limited to only information that is necessary to verify veteran status and to verify/obtain benefits.

**Information that may be released includes:**

- Personally Identifiable Information  
(i.e. social security number, name, etc. **This is required in order to confirm veteran status.**)
  
- Diagnosis  Presenting Problem
  
- Treatment  Behavioral Health Status

**To Agencies Receiving This Information:**

This information is protected by state and federal laws and should not be given to anyone else not included on this Authorization without a new Authorization from the client, unless otherwise authorized by law. If you have received alcohol and/or drug assessment, treatment, or referral program information, the following applies: This information has been disclosed to you from records protected by Federal confidentiality law/rule (42 CFR, Part 2). The Federal rules forbid you from making another/any further release/disclosure of this information unless expressly/specifically permitted by Federal law/rule (42 CFR, Part 2). A general Authorization of medical or other information is NOT sufficient for this purpose. The Federal laws/rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

## **Expiration**

This Authorization expires [insert date]: \_\_\_\_\_

## **Client rights**

- You may refuse to sign this authorization; however, it may hinder the ability for the provider to attain benefit information for your benefit.
- You have the right to receive a copy of this authorization.
- To the extent permitted by law, you may inspect or obtain a copy of the health information that you are being asked to allow the use or disclosure of.
- You may revoke this authorization at any time, but you must do so in writing to:  
\_\_\_\_\_  
• Your revocation will take effect upon receipt of the written request, except to the extent that others have acted in reliance upon this authorization.

Information released by this authorization could be re-released by whoever receives it, and the re-release is in some cases not protected by California law and may no longer be protected by federal confidentiality (HIPAA).

## **Signature**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Signature: \_\_\_\_\_  
*(client/representative/spouse/financially responsible party)*

If signed by someone other than the client, state your legal relationship to the client:

\_\_\_\_\_

Witness: \_\_\_\_\_



## LANGUAGE TAGLINES

### English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

### Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

### Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ ԵՐԵ խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

### فارسی (Farsi)

فارسی گ ف ت گومی ک نید، ت سه یلات زبانی نابز هب رگا: ت وجه  
ب صورت رایگان ب رای شما  
ت ماس ب گ یرید د. [1-888-743-1478] (TTY: [711]) ف راهمی ب اشد. ب ا

### 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

**Hmoob (Hmong)** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

### ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

### العربية (Arabic)

ملاحظة: إذا كنت تتحدث اذكار اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالامجان. اتصل برقم [1-888-743-1478] (TTY: [711]) رقم هاتف الصم والبكم: (.)

**हिंदी (Hindi)** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

### ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

### ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមនុស្សភាសា រោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នកខ្មែរ។ ចូលទៅសុំជំនួយ [1-888-743-1478] (TTY: [711])។

### ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).