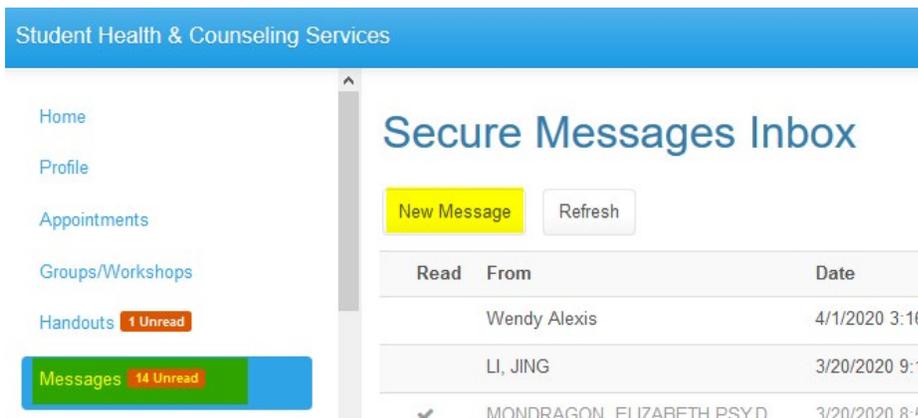


INSTRUCTIONS FOR COMPLETING RELEASE OF INFORMATION FORM ON PATIENT PORTAL

1: On Patient Portal (<https://chconline.ucr.edu>), from Message, student can click the “New Message” button, then choose the option to “complete a CAPS Release of Information form”.



Please choose from the following options:

- I want to request a **Prescription Refill** from the **Pharmacy**. I should have remaining refills available.
- I want to Complete **Travel Questionnaire**.
- I want to Complete **STI Self Screening**.
- Same Day Fee Waiver
- Missed/Late Appointment Appeal
- I want to send a message to the **Insurance Department**.
- Submit **UCR SHIP Denied Waiver Appeal Form or Waiver Cancellation Form**
- I want to complete a **CAPS Release of Information form**.

2. Then the student can compose the new secure message and it will be sent to a generic provider "CAPS, DOCUMENT". The release will be available in messages.

Compose New Secure Message

Recipient: CAPS, DOCUMENT
Message Type: CAPS Release of Information
Subject: Release of Medical and Mental Health Information
Attachments: Add attachment...

Items marked with **are required.

University of California Riverside

Counseling and Psychological Services (CAPS)

Veitch Student Center, North Wing
900 University Avenue
Riverside, CA 92521

Authorization for Release of Health Information

** Name (Last, First): Applicant, Jane
** Student Id#: 880779577
** Date of Birth (MM/DD/YYYY): 01/01/1997
** Phone: 646-308-0000
** Address: 900 University Ave, 1120 Hinderaker Hall, APT.222
** City: Riverside
** State: CA
** Zip: 92508

I authorize: (Person or facility which has medical and/or mental health information)

Name (Last, First): CAPS, Staff
Address: Veitch Student Center, North Wing 900 University A
City: Riverside
State: CA
Zip: 92521
Phone: 951-827-4331
Fax:

To release medical and/or mental health information to: (Person or facility to receive medical and/or mental health information)

Name (Last, First):
Address:
City:
State:
Zip:
Phone:
Fax:

** Type of disclosure: Verbal communication Copies of Records

** Please specify the information you authorize to be released:

- Mental health information (Subject to the Lanterman-Petris-Short Act, Welf & Inst. Code §5000 et seq.).
- Medical (This may include drug/alcohol and mental health information documented by a primary care practitioner)
- Drug and alcohol abuse diagnosis or treatment information subject to federal law (42 C.F.R. §§2.34 and 2.35).
- HIV/AIDS test results (Health and Safety Code §120980(g)).

Type (s) of information, if not specified above (e.g. Summary Report):

Types

Specify date(s) of treatment, time period or condition:

Dates

Limitations upon disclosure (e.g. attendance only):

Limitations

** The purpose of this release is:

- At the request of the client/patient/patient representative
- Other (state reason)

Expiration and Validity of Authorization

Unless otherwise revoked, this Authorization expires on 

If no date is indicated, this Authorization will expire twelve (12) months after the date of my signing of this form.

NOTICE: UCR and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS: This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) solely to create health information to provide to a third party.

This Authorization may be revoked at any time. The revocation must be in writing, signed by you or your client/patient representative, and delivered to the UCR Counseling and Psychological Services. The revocation will take effect when UCR receives it, except to the extent UCR or others have already relied on it. You are entitled to receive a copy of this Authorization.

By sending this message, I hereby consent to the release and exchange of information as outlined above and acknowledge that I have read and agree with the information provided above.

Please press the "Send" button below when you have completed the form and sent the message. If you have forgotten to complete any required fields, an information box will be displayed at the top of the form and you will need to scroll down the page to find and complete the missing information.

3. In PNC, the provider “CAPS, DOCUMENT” will receive the secure message and can resolve it in this inbox or forward to the other provider, but not necessary.

The screenshot shows the OpenChart v12.11 interface. The provider is set to "CAPS, DOCUMENT". The message is from "Applicant, Jane" regarding "Release of Medical and Mental Health Information". The status is "Unresolved".

From	Regarding Pt	Subject	Received	Reply Date	Reply By	Ack'd By	Status
Applicant, Jane	Applicant, Jane	Release of Medical an...	04/12/2020 05:18 PM				Unresolved
Applicant, Jane	Applicant, Jane	CAPS for Release of I...	04/12/2020 01:09 AM				Unresolved

Message Details:
 To Provider: CAPS, DOCUMENT
 From Patient: Applicant, Jane (Jane) - 8607 795 77 - 1/1/1997 F 23
 Subject: Release of Medical and Mental Health Information
 Current Status: Unresolved
 Sent: 4/12/2020 5:18 PM
 Regarding Pt: Applicant, Jane - 860779577

Attachments:
 No Attachments.

University of California Riverside
Counseling and Psychological Services (CAPS)
 Veitch Student Center, North Wing
 900 University Avenue
 Riverside, CA 92521

Authorization for Release of Health Information

Name (Last, First): Applicant, Jane
Student Id#: 860779577
Date of Birth (MM/DD/YYYY): 01/01/1997
Phone: 646-306-0000
Address: 900 University Ave, 1120 Hinderaker Hall, APT.222
City: Riverside
State: CA
Zip: 92508

4. In PNC, the secure message will be shown in the patient's chart.

OpenChart v12.11 - [Client]

File View Tools Reports Help

Client: Applicant, Jane (Jane) Pt#: 8607 795 77 1/1/1997 - F - 23

Tasks 67 IM 64

New Message to Patient New Message to Provider Show Deleted

I	Sent	From	To	Read Date	Subject	Status
		JANE NGO-TRIEU	Applicant, Jane		medical documents	DRAFT
	04/12/2020 05:19 PM	Applicant, Jane	CAPS, DOCUMENT	04/12/2020 05:19 PM	Release of Medic...	Unresolved
	04/01/2020 03:16 PM	Wendy Alexis	Applicant, Jane		Test attaching sc...	Unread
	03/20/2020 09:11 PM	LI, JING	Applicant, Jane		CAPS Services an...	Unread
	03/20/2020 08:53 PM	MONDRAGON, E...	Applicant, Jane	03/20/2020 08:54 PM	test	Read
	03/20/2020 07:28 PM	LI, JING	Applicant, Jane	03/20/2020 07:29 PM	CAPS Services an...	Unread
	03/20/2020 05:45 PM	MONDRAGON, E...	Applicant, Jane	03/20/2020 05:47 PM	COVID-19 UPDA...	Read
	03/20/2020 05:45 PM	MONDRAGON, E...	Applicant, Jane	03/20/2020 06:49 PM	COVID-19 UPDA...	Read
	03/20/2020 05:28 PM	LI, JING	Applicant, Jane	03/20/2020 05:31 PM	Test to send secu...	Unread
	03/12/2020 11:17 AM	Jing Li	NURSE, COVID19		Test to send secu...	Unread
	03/12/2020 10:20 AM	Jing Li	Applicant, Jane	03/12/2020 10:20 AM	Re: covid	Read
	03/12/2020 10:10 AM	Applicant, Jane	COVID19 NURSE	03/12/2020 10:10 AM	Re: covid	Resolved
	03/12/2020 10:09 AM	COVID19 NURSE	Applicant, Jane	03/12/2020 10:09 AM	covid	Read
	02/25/2020 05:08 PM	SELLAS, DEBOR...	SELLAS, DEBOR...	03/11/2020 02:53 PM	Encounter P1071...	Resolved
	02/21/2020 10:38 AM	RULLODA, TANYA	Applicant, Jane	02/21/2020 10:46 AM	Immunization com...	Read
	02/21/2020 10:36 AM	RULLODA, TANYA	Applicant, Jane		Chest x-ray	Unread
	02/21/2020 10:21 AM	RULLODA, TANYA	Applicant, Jane	02/21/2020 10:46 AM	TB testing	Read
	01/22/2020 04:55 PM	RULLODA, TANYA	Applicant, Jane		TB testing	Unread
	08/30/2019 04:41 PM	RULLODA, TANYA	Applicant, Jane		TB TESTING	Unread
	08/30/2019 04:34 PM	RULLODA, TANYA	Applicant, Jane		Immunization com...	Unread
	08/30/2019 04:23 PM	RULLODA, TANYA	Applicant, Jane		Chest x-ray compli...	Unread
	08/21/2019 05:38 AM	RULLODA, TANYA	Applicant, Jane	08/23/2019 10:49 AM	Chest x-ray compli...	Read
	08/21/2019 08:29 AM	RULLODA, TANYA	Applicant, Jane	08/23/2019 10:50 AM	TB Testing	Read
	08/21/2019 08:12 AM	RULLODA, TANYA	Applicant, Jane		Immunization reco...	Unread
	08/13/2019 04:32 PM	RULLODA, TANYA	Applicant, Jane	08/13/2019 06:36 PM	Chest X-ray	Read
	08/13/2019 04:27 PM	RULLODA, TANYA	Applicant, Jane		TB Testing	Unread
	08/13/2019 04:21 PM	RULLODA, TANYA	Applicant, Jane		Immunization com...	Unread
	08/13/2019 04:18 PM	RULLODA, TANYA	Applicant, Jane		Immunization com...	Unread
	07/28/2019 07:00 AM	FEEDBACK, PATI...	Applicant, Jane		Post-visit survey f...	Unread
	07/28/2019 07:00 AM	FEEDBACK, PATI...	Applicant, Jane		Post-visit survey	Unread
	05/24/2019 11:45 AM	Jimmy Martinez	Applicant, Jane	05/24/2019 11:45 AM	Urgent Care Locat...	Read
	05/24/2019 11:29 AM	Jimmy Martinez	Applicant, Jane	05/24/2019 11:29 AM	Hospital and Facili...	Read
	05/20/2019 12:53 PM	Jimmy Martinez	Applicant, Jane	05/24/2019 11:25 AM	Test by Jimmy	Read
	05/07/2019 01:24 PM	Applicant, Jane	NURSES,CHC	05/07/2019 01:42 PM	Request for Trave...	Resolved
	04/30/2019 10:13 AM	Jimmy Martinez	Applicant, Jane	04/30/2019 10:13 AM	Test by Jimmy	Read
	02/04/2019 03:33 PM	MARTINEZ, JIMMY	Applicant, Jane	02/04/2019 03:38 PM	PPD Read at 4 D...	Read
	02/03/2019 07:00 AM	FEEDBACK, PATI...	Applicant, Jane	02/04/2019 08:12 AM	Post-visit survey f...	Read
	01/28/2019 11:26 AM	MARTINEZ, JIMMY	Applicant, Jane	01/28/2019 11:27 AM	test by jimmy	Read
	11/11/2018 07:00 AM	FEEDBACK, PATI...	Applicant, Jane	11/21/2018 07:45 AM	Post-visit survey f...	Read

Ack Reply Forward Edit Draft Flag Print Delete

To Provider: CAPS, DOCUMENT Current Status: Unresolved
 From Patient: Applicant, Jane (Jane) - 8607 795 77 - 1/1/1997 F 23 Sent: 4/12/2020 5:18 PM
 Subject: Release of Medical and Mental Health Information Regarding Pt: Applicant, Jane - 86077957

Attachment Date Time Attachment Category Comment View
 No Attachments.
 0 Attachments

University of California Riverside

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Authorization for Release of Health Information

Name (Last, First): Applicant, Jane
Student Id#: 860779577
Date of Birth (MM/DD/YYYY): 01/01/1997
Phone: 646-306-0000
Address: 900 University Ave, 1120 Hinderaker Hall, APT.222
City: Riverside
State: CA
Zip: 92508

I authorize: (Person or facility which has medical and/or mental health information)

Name (Last, First): CAPS, Staff
Address: Veitch Student Center, North Wing 900 University Ave