



**Residential State Supplement (RSS)**  
**Authorization for Release of Information**

I, \_\_\_\_\_, hereby authorize the Residential State Supplement (RSS) Program to release my Protected Health Information (PHI) to the individuals and/or agencies listed below for the purpose of facilitating my enrollment in the RSS Program. I understand that PHI includes, but may not be limited to, my social security number, date of birth, address, phone number, income type and/or amount, physical and/or mental health diagnoses, and previous/current treatment & services received.

Type of Contact	Individual and/or Agency Name	Phone
County Dept of Job & Family Services (CDJFS)		
Nursing Home		
Community Residence		
Case Manager (if applicable)		
Representative Payee (if applicable)		
Other (indicate relationship to RSS consumer)		

My refusal to sign this authorization will not exclude me from enrolling in the RSS Program, but may impact the RSS Administrator's ability to act on my behalf in obtaining benefits. This authorization will remain effective for 180 days unless an earlier date or condition/event is specified here: \_\_\_\_\_ . I understand that I have the right to revoke this authorization in writing, at any time, and that the revocation will be effective except to the extent that ODMH/RSS has already taken action in reliance on my authorization. My written statement that I want to revoke my authorization should be delivered to: *RSS Administrator, Ohio Department of Mental Health & Addiction Services, 30 East Broad Street, Columbus, Ohio, 43215.*

If this authorization has been signed by a personal representative on behalf of an individual, his/her authority to act on behalf of the individual must be set forth here: \_\_\_\_\_ .

Printed Name of Individual/Legal Guardian	Signature of Individual/Legal Guardian	Date Signed

NOTE: This information has been disclosed to you from records whose confidentiality is protected from disclosure by State & Federal law. ORC 5122.31, 42 CFR Part 2, and/or ORC 3701.243 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose.