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Governor

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	06-INF-17
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	May 18, 2006
<b>Subject:</b>	LDSS-4863 MEDICAL INFORMATION RELEASE FORM
<b>Suggested Distribution:</b>	Employment Coordinators Temporary Assistance Directors Staff Development Coordinators
<b>Contact Person(s):</b>	Program Questions Welfare-To-Work Bureau: Wendy DeMarco (518) 474-1750 Drug/Alcohol related: Frances Shannon-Akstull (518) 402-3219 SSI related: Jane Wagner (518) 474-8905 Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095
<b>Attachments:</b>	LDSS-4863 MEDICAL INFORMATION RELEASE FORM LDSS-4863-SP: MEDICAL INFORMATION RELEASE FORM (Spanish)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		18 NYCRR 385.2	SSL § 332-b	Welfare-To-Work Employment Policy Manual	96 INF-28

### Section 2

#### I. Purpose

The purpose of this release is to inform social services districts about the newly developed LDSS-4863 *MEDICAL INFORMATION RELEASE FORM*.

## **II. Background**

There are a number of situations that require districts to obtain an individual's medical information including, for example, employability determinations, determining eligibility for exemptions from the State sixty month time limit and determining the need to apply for Supplemental Security Income Benefits. In order to receive medical documentation from health care professionals, local districts must obtain an individual's authorization for the release of information. The LDSS-4863 *MEDICAL INFORMATION RELEASE FORM* has been developed to allow districts to obtain medical information from health care professionals. To obtain information from drug/alcohol treatment programs, local districts should continue to use the LDSS-4525 *CONSENT FOR DISCLOSURE OF MEDICAL AND NON-MEDICAL RECORDS FROM ALCOHOLISM AND DRUG ABUSE TREATMENT PROGRAMS*.

## **III. Program Implications**

In order to obtain an individual's medical information, districts must have the individual's signature, or the signature of the individual's authorized representative, authorizing the health care professional to release the information. The LDSS-4863 *MEDICAL INFORMATION RELEASE FORM* authorizes health care providers to release medical information to the district when it includes an authorizing signature. If the district has obtained the individual's signed authorization, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) does not impose any additional requirements for the provider to release medical information to the district.

The LDSS-4863 *MEDICAL INFORMATION RELEASE FORM* includes provisions allowing an individual to opt out of providing information on HIV/AIDS, drug and alcohol and mental health information. An individual may refuse to disclose information related to these conditions and not lose eligibility for health care benefits. However, the district may require an individual to provide medical information consistent with Temporary Assistance and Welfare-to-Work employment requirements.

### Re-disclosure Requirements

An individual's medical information may only be re-disclosed to a third party if the district has obtained the individual's signature and the re-disclosure is consistent with the purposes described in the signed authorization. Districts must exercise discretion when re-disclosing health information and information should only be re-disclosed if it is necessary and is consistent with the purposes described in the LDSS-4863 *MEDICAL INFORMATION RELEASE FORM* including determining employability and appropriate work activity assignments, establishing appropriate treatment plans for restoring employability, and determining the need to apply for Supplemental Security Income Benefits and eligibility for exemptions from the State sixty month time limit. Before re-disclosing HIV related or mental health information, it is necessary to obtain an additional authorization from the individual allowing the district to release the information to a specific provider. Districts must also comply with the applicable drug/alcohol requirements described in 96 INF-28 when re-disclosing information related to substance abuse issues. In most instances, the provider's separate authorization signed by the individual allowing it to obtain information from the district is sufficient to allow the district to release the information. Districts should retain a copy of the provider's signed authorization indicating what information was released, when, to whom and for what purpose in a secure location. When releasing HIV/AIDS information, districts must also include a statement in writing which includes the following information:

*This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.*

#### Applicant/Recipient Requirements

An individual may be required to sign the LDSS-4863 *MEDICAL INFORMATION RELEASE FORM* (or an approved local equivalent) and provide health related information consistent with the related program requirements. For example, for employment related purposes, if an individual claims to be unable to participate in work activities because of a medical issue, or demonstrates an inability to successfully participate in work activities and a health related issue is suspected to be the cause, the individual can be required to sign the LDSS-4863 *MEDICAL INFORMATION RELEASE FORM* (or an approved local equivalent) and provide medical documentation. Failure to cooperate would result in case denial or closure until compliance. An individual's refusal to sign the authorization does not affect his/her eligibility for health care benefits, ability to obtain medical treatment or ability to obtain payment for medical treatment under any circumstances. Additionally, the related drug/alcohol requirements including when an individual may be required to sign the *LDSS-4525 CONSENT FOR DISCLOSURE OF MEDICAL AND NON-MEDICAL RECORDS FROM ALCOHOLISM AND DRUG ABUSE TREATMENT PROGRAMS* and provide information has not changed

A signed authorization is valid for as long as an individual is applying for or is in receipt of the benefits that were applicable at the time the authorization was signed, unless the individual signs a subsequent authorization or notifies the district in writing that he/she revokes the authorization.

Any questions concerning the use of the LDSS-4863 *MEDICAL INFORMATION RELEASE FORM* should be directed to the applicable program area indicated in Section 1.

#### **IV. Forms Information**

- The 11/05 versions of the LDSS-4863: *MEDICAL INFORMATION RELEASE FORM* and LDSS-4863-SP: *MEDICAL INFORMATION RELEASE FORM (Spanish)* are available for ordering. Your district **will not** automatically receive copies.
- Any requests for printed copies of the LDSS-4863 and a camera ready copy of the LDSS-4863-SP should be submitted on OTDA-876 "Request for Forms or Publications" and should be sent to:

Office of Temporary and Disability Assistance  
BMS Document Services and Operational Support  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, extension 4-9522.

- Documents may also be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet E-Forms Website at [http://otda.state.ny.net/ldss\\_eforms/default.htm](http://otda.state.ny.net/ldss_eforms/default.htm) (this page contains the electronic OTDA-876.)

- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is [gg7359@dfa.state.ny.us](mailto:gg7359@dfa.state.ny.us). For a complete list of available forms, please refer to the OTDA Intranet E-Forms Website at [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm).
- Local equivalents must be approved by the Office of Temporary and Disability Assistance. Any locally developed medical release forms that have not already received approval should be submitted to:

Jacqueline Brace  
Office of Temporary and Disability Assistance  
40 N. Pearl Street  
Albany, NY 12243

**Issued By** \_\_\_\_\_  
**Name:** Russell Sykes  
**Title:** Deputy Commissioner  
**Division/Office:** Division of Employment and Transitional Supports