



AUTHORIZATION FOR DISCLOSURE OF NON-HEALTH CONFIDENTIAL RECORDS

NOTICE: **DO NOT USE** TO AUTHORIZE DISCLOSURE OF PROTECTED HEALTH RECORDS. USE FORM DOC-1163A

INDIVIDUAL/AGENCY BEING AUTHORIZED TO RELEASE RECORD(S)

NAME OF INDIVIDUAL / AGENCY	TELEPHONE NUMBER	FAX NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

SUBJECT OF RECORD(S)

NAME	IDENTIFYING/DOC NUMBER	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE

RECORD(S) MAY BE RELEASED TO

NAME OF INDIVIDUAL / AGENCY	TELEPHONE NUMBER	FAX NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

SPECIFIC INFORMATION AUTHORIZED FOR DISCLOSURE

I understand that the information I am authorizing for release may contain my Personally Identifiable Information (PII), such as my complete date of birth, driver's license number, WI Department of Transportation state identification number, Social Security number or other personal information as defined in Wis. Stat. § 134.98.

I understand that for release of my Protected Health Information (PHI), I must submit a signed DOC-1163A for disclosure of any of my health / treatment information including Alcohol & Other Drug Abuse (AODA) / Substance Use Disorder (SUD) treatment, mental health information or other Protected Health Information, etc.

INSTRUCTIONS: Check All That Apply Below

ADULT - DIVISION OF ADULT INSTITUTIONS (DAI) AND DIVISION OF COMMUNITY CORRECTIONS (DCC):

- ☐ DAI - Institution Social Service File (Use DOC-1163A for disclosure of information relating to therapy/counseling provided by DOC treatment staff or any other health information.)
- ☐ DAI - Legal File
- ☐ DCC - Client Case File
- ☐ Juvenile record information included in DOC adult records
- ☐ Specific record(s) authorized for release: _____

Identify Time Period Of Records –

If no start and end dates are indicated, only records pertinent to the last 12 months will be provided.

YOUTH - DIVISION OF JUVENILE CORRECTIONS (DJC): Records pertaining to a juvenile as allowable under Wis. Stat. § 938.78(2)

- ☐ DJC Facility Case File ☐ DJC Field Case File
- ☐ Specific record(s) authorized for release: _____

Identify Time Period Of Records –

If no start and end dates are indicated, only records pertinent to the last 12 months will be provided.



<input type="checkbox"/> EDUCATION - Complete for adult and/or juvenile student education records:				<input type="checkbox"/> ADULT	<input type="checkbox"/> YOUTH / JUVENILE
<input type="checkbox"/> Regular education information/records (including attendance records)	<input type="checkbox"/> SPED information/record(s) e.g. IEP, MMPI, M-Team, etc.	<input type="checkbox"/> High school credits	<input type="checkbox"/> Disciplinary Actions		
<input type="checkbox"/> High School Transcript	<input type="checkbox"/> GED or HSED Scores	<input type="checkbox"/> Vocational/technical school or college transcript			
<input type="checkbox"/> Other: _____					

☐ **Purpose for disclosure of education records (REQUIRED):** _____

Identify Time Period of Records –

If no start and end dates are indicated, only records pertinent to the last 12 months will be provided.

OTHER

Type(s) of information / record(s): _____

Identify Time Period of Records _____

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

Signing of Authorization - I am under no legal obligation to sign this authorization. If I do, I have a right to receive a copy.

AODA/SUD Record(s) - My record(s) may contain alcohol and other drug abuse information. If so, I must sign DOC-1163A or that information will be redacted before the Protected Health Information (PHI) record(s) are released.

Re-disclosure of Information/Record(s) - If I authorize release of record(s) to an individual or agency covered by federal or state laws that prohibit re-disclosure, the recipient cannot re-disclose the records without a signed information release from me, a court order or other specific authorization under the law. However, if I consent to release record(s) to an individual/agency not covered by federal or state laws that prohibit re-disclosure, my private record(s) may not remain confidential.

Right to Inspect and/or Copy Information/Record(s) - I have the right to inspect and copy my records as permitted under state and federal law. I may be charged a reasonable fee for copies.

AUTHORIZATION EXPIRATION: DATE / EVENT

This Authorization is in effect until the following date or event: _____

If no date/event is entered, this Authorization expires one year from the date of signing.

I have read or had read to me the contents of this authorization. I have had an opportunity to discuss and ask questions, and understand the purpose of this authorization request. By signing and dating this authorization, I am confirming that it accurately reflects my wishes regarding disclosure of my confidential information.

SIGNATURE OF INDIVIDUAL WHO IS SUBJECT OF RECORD**		DATE SIGNED ¹
SIGNATURE OF OTHER PERSON LEGALLY AUTHORIZED TO CONSENT TO DISCLOSURE (If Applicable)**	TITLE OR RELATIONSHIP TO INDIVIDUAL WHO IS SUBJECT OF RECORD	DATE SIGNED ²

* Youth/Juvenile Records: The authorization must specify the record(s) and the party to whom the record(s) may be disclosed. It must be signed by the parent, guardian, or legal custodian of the juvenile who is the subject of the record, or the juvenile, if 14 years of age or older, per Wis. Stat. § 938.78(am).

Education/Student Records: The authorization must be signed and dated by the parent, guardian or individual acting as a parent in the absence of a parent/guardian, or by an "eligible student" (18 years of age or older or under 18 and attending a postsecondary institution). It must specify the record(s) that may be disclosed, state the purpose of the disclosure, and identify the party or class of parties to whom the disclosure may be made, per 34 CFR § 99.30(b).

FAX OR PHOTOCOPY MAY BE TREATED AS ORIGINAL

DISTRIBUTION:

Original- Individual/Agency authorized to release Information/Record(s); Official Record-Appropriate Offender Education/Social Service File, Release of Information Authorizations Section; Copy-Offender/Other Person Signing Release