

# Nebraska Health and Human Services Authorization for Release of Information



Last Name	First Name	Middle Initial
Street or Mailing Address		City
State	Zip Code	Social Security Number

This information will be released to:  
DDM, LLC  
227 French Landing Drive  
Suite 250  
Nashville, Tennessee 37228

**I authorize the release of the following information necessary to determine the appropriateness of my admission to or continued residence in**

(Name of Nursing Facility if Known)

- Medical and Social Information
- Psychiatric Information if I am found to have an indication or diagnosis of Mental Illness
- Psychological and Developmental Skill Information if I am found to have an indication or diagnosis of Mental Retardation or a Related Condition.

**This information may be released to the following:**

- The Nursing Facility, for inclusion in the permanent nursing facility record and use in the development of the overall care plan.
- The Nebraska Health and Human Services, who shall review the medical and social information and make a determination regarding the level of medical need appropriate for services provided in a nursing facility.
- The HHS/Contractor who shall review the complete set of information and make a final determination regarding the appropriateness of nursing facility services or other alternative placement.
- The Community Mental Health Region, who shall review the medical, social and psychiatric information and make a recommendation regarding services appropriate for mental health and other specialized services.
- The Community-Based Developmental Disability Services Provider, who shall review the medical, social, psychological and developmental skill information and make a recommendation regarding services appropriate for mental retardation/developmental disability and other specialized services.
- Organizations involved in the development of alternative services, and in the assessment or placement of persons who require alternative services, including but not limited to state agencies, specialized service agencies and community mental health and/or developmental disability services providers, if placement in a nursing facility is found to be inappropriate.
- Service providers, for the purposes of assessment, determination and provision of alternative services such as, but not limited to, residential, service coordination, case management, rehabilitation, vocational training, day programs and other necessary supports, if placement in a nursing facility is found to be inappropriate.

For the purpose of complying with the requirements of the Preadmission Screening and Annual Resident Review Process, the above mentioned information may be shared with other professionals, such as your physician, social services staff from an agency familiar with your needs. The above mentioned information will be treated confidentially and released only for the purpose of making a determination regarding the appropriateness of your admission to or continued residence in a nursing facility, or placement into alternative services, if placement in a nursing facility is found to be inappropriate.

**I understand the following:**

- I have the right to revoke this authorization at any time
- Signing this release will not limit my access to treatment
- The released information may no longer be protected once it is sent to a third party.

**This release is valid for one year from the date entered below.**

Signature of Individual	Date
Signature of Legal Representative	Date
Signature of Witness	Date