**Department of Human Services**

**INSTRUCTIONS FOR USE OF FORM HS-2557**

**HIPAA Authorization for Release of Medical/Health Information to TDHS**

1. **Purpose of the form**

The purpose of this form is to allow the Department of Human Services permission to receive medical/health information about an applicant/recipient.

1. **When it is used**

This form is used when the Department of Human Services determines the need to access medical/health information about an applicant/recipient.

1. **Who completes the form**

This form is completed by a DHS employee and is signed by the applicant/recipient.

1. **An explanation of what goes into any field that is not *clearly* self-explanatory or any additional information needed to process this form (e.g. routing, processing etc.)**

“Identifier Signer-Other authorized representative. \* Proof of legal authorization may be required. - Providers will advise DHS if proof of authorization is required from the requestor.

1. **Who needs the original and where should it be filed**

This form is kept by the Department of Human Services and is stored in the applicant/recipient case file.

1. **Who needs a copy and where should it be filed**

The applicant/recipient is given a copy after signing the form. Also a copy is sent to the agency/organization that currently is in possession of the records being requested.

1. **Length of time the form must be maintained after the service is rendered/case closed**

 Pending