



**RENO-SPARKS TRIBAL HEALTH CENTER**

1715 Kuenzli Street, Reno, Nevada 89502  
Office (775) 329-5162 \* Fax (775) 334-4359

**AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**  
**\*Please Complete and Sign\***

**DURING THE COVID-19 PANDEMIC**

**RSIC RESIDENT URBAN**

**Patient Name** (First, Middle, Last): \_\_\_\_\_ **Date of Birth** (Month Day, Year): \_\_\_\_\_ **Medical Record #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

	<b>This Information is to be disclosed by:</b>	<b>And is to be provided to:</b>
<b>Name of Facility</b>	Reno Sparks Tribal Health Center	RSIC Human Services Dept: Covid Assistance
<b>Street Address</b>	1715 Kuenzli Street	405 Golden Lane
<b>City/State/Zip Code</b>	Reno, NV 89502	Reno, NV 89502
<b>Telephone Number</b>	(775) 329-5162	(775) 329-5071
<b>Fax Number</b>	(775) 334-4359	

**The purpose or need for this disclosure is: DURING THE COVID-19 PANDEMIC** (Please *initial* appropriate purpose)

\_\_\_\_\_ MDT \_\_\_\_\_ Housing \_\_\_\_\_ Tribal Response \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
 \_\_\_\_\_ Employer \_\_\_\_\_ Human Services \_\_\_\_\_ Contact tracing

**The information to be disclosed:** (Please *initial* information you want disclosed)

\_\_\_\_\_ All Information Related to COVID-19 \_\_\_\_\_ Only records pertaining to: \_\_\_\_\_ COVID-19 \_\_\_\_\_  
 \_\_\_\_\_ Laboratory Reports (Date/s) \_\_\_\_\_ Only the period of events from: \_\_\_\_\_ to: \_\_\_\_\_

I hereby voluntarily authorize the disclosure of the above information. I understand that I may revoke this authorization in writing submitted at any time to the Health Information Management Department, except to the extent that action has been taken in reliance on this authorization. If this authorization was obtained as a condition of obtaining insurance coverage or a policy of insurance, other law may provide the insurer with the right to contest a claim under the policy. If this authorization has not been revoked, **it will terminate one year from the date of my signature.** I understand that RSTHC will not condition treatment or eligibility for care on my providing this authorization except if such care is: (1) research related or (2) provided solely for the purpose of creating PHI for disclosure to a third party. I understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA Privacy Rule 45 CFR Part 164 and the Privacy Act of 1974 5 USC 552a.

**SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE** (State relationship to patient) **DATE**

\_\_\_\_\_

**SIGNATURE OF WITNESS** (If signature of patient is a thumbprint or mark) **DATE**

\_\_\_\_\_

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretense shall be guilty of a misdemeanor (5USC 552a (i) (3)).

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 H.I.M: INITIAL \_\_\_\_\_ SCANNED DATE: \_\_\_\_\_  
 FAXED TO RSIC-HS: INITIAL \_\_\_\_\_ DATE: \_\_\_\_\_

**Summary:**

**Human Services** (All pts.) – Case management while in self-isolation. Advocacy to promote healing, continuity of care in reference only to COVID19 including prescriptions and test results. (775)329-5071

**(MDT) Multi-Disciplinary Team** (RSIC/Residents) – Ensures continuity of care by locating and mobilizing resources to reinforce healing through self-isolation by staffing COVID cases.

**Housing** (RSIC/Residents) – **Emergency** Work Orders Only, Walk-Thru Apartment grounds, Rent Relief for Off-Resident Tribal Members, Provide Senior Assistance (775)785-1300

**Employer** (All Pts.) - When employees need to get a test to return to work, feeling ill and for any new prospective employee who is offered a position with RSIC. Employees are responsible for getting forms filled out and sent back to HR. (775)785-1303

**Tribal Response** (RSIC/Residents)– Monitor **Red** (Need Assistants at your Household) & **Green** (Your Household is OK) Cards, Citizen Complaints, Home Welfare Checks, Food Pantry, PPE/Cleaning Supplies/Essential Items (775)842-2902 M-F 8am-8pm (775)530-1173 After hours 7pm

**Contact Investigators/Tracers** (RSIC/Residents) – Contact patients who become positive, gather patient information: Symptoms, Signs, who they been in contact with, Follow-up calls Nurse Line: (775)334-4315 Urban Pts. will be contacted by the Washoe County Health District