





## AUTHORIZATION FOR THE USE AND DISCLOSURE OF INFORMATION

### Community Information Exchange

You are authorizing the Jacob and Cushman San Diego Food Bank and the Infoline of San Diego County, dba Community Information Exchange (CIE) and its Partner Agencies to use, store and share your personal, financial and health information with each other in order to assess your needs, coordinate your care and provide services to you. Partner Agencies participating in the CIE are listed at [www.211sandiego.org](http://www.211sandiego.org).

This Authorization covers, without restriction, all information disclosed and re-disclosed to CIE by you, your family, Partner Agencies including your care team, or any other person involved in your care while this Authorization is in effect. CIE and its Partner Agencies may share your personal, financial and health information. You agree to notify CIE if your information changes or is incorrect. Information disclosed pursuant to this Authorization may be re-disclosed and no longer be protected under applicable privacy laws. However, your information will still be protected under our Participation Agreement with our partners. Your refusal to sign this Authorization will not adversely affect your ability to receive health care or services from Referral Agencies directly.

Notice of Privacy Practices posted at [www.211sandiego.org](http://www.211sandiego.org) explains how CIE uses and protects information, how to get a copy of this Authorization and your record. You can revoke this authorization at any time by sending notice to CIE at [revoke@211sandiego.org](mailto:revoke@211sandiego.org), allowing a minimum of **five business** days to process. Revocation will not affect any information previously disclosed in reliance on this Authorization. Unless revoked earlier, this Authorization will expire in **Ten (10) Years, or on the following Date:**

\_\_\_\_\_.

If you agree, sign your name below:

\_\_\_\_\_  
Signature