

**Process to complete
Authorization To Disclose Information form
North Dakota Department of Human Services
SFN 1059 (9-2019)**

In order for the eligibility worker to be able to provide information regarding the status of the application and what is needed for the application to be processed, *Women's Way* clients should complete an Authorization to Disclose Information form which is available at <http://www.nd.gov/eforms/Doc/sfn01059.pdf>.

The following areas need to be completed:

Client's name, SS#, DOB, Previous Names Used and Address (can be a physical or mailing address)

Under Client Release and Signature, complete the following:

Section 1. I Hereby Authorize:

- Name of Person/Agency is "Human Services".
- The address is the Human Service Zones local office to which the client provides an application.

Section 2. Permission to:

- Check "Disclose To"
- Provide your name/name of public health office, e-mail address (if e-mail correspondence will be secure), street address, city, state, and zip code.

Section 3. Provide a detailed description of the information to be disclosed.

- State "Status of the approval for Medicaid Coverage and pending information requested from client".

Section 4. The information identified above will be used for:

- Check "Eligibility Determination".

Section 5. Client Consent

- Client signs and dates it.

Send to Human Service Zones local office to which the client provided a Medicaid Application. Send via fax or postal mail or client can take it with her when she goes to the County office to apply.