

RELEASE OF INFORMATION WITHOUT CLIENT CONSENT

Information May Be Released To The Following:	Type of Information					Purpose				
	Eligibility Status	Explanation of DSS Action (Case specific)	Personal Info	3 rd Party Info "Confidential" "Do Not Release" or SSA		Appeal	Fraud	Other Crimes	Billing MA	Billing Client
County, State and Federal dss staff for the purpose of administering the programs of public assistance and social services	Yes	Yes	Yes	No		Yes	Yes	No	Yes	Yes
	Yes, if client moves from one county to another. Information may also be shared for the purposes of taking courtesy applications. Info may be shared with other states to establish residency or avoid duplicate benefits or dual participation.									
Other federal, state, local employees	Yes, if necessary to the administration of the program. Examples: DMA monitors, financial auditors, CMS and DDS employees reviewing cases, state and regional DMA/DSS eligibility staff for supervision/reporting									
A/R & A/R's authorized representative (parent, legal guardian, poa, executor)	Yes	Yes	Yes	No. Must be advised if info withheld		Yes, if info is used as evidence	Yes	No	Yes	Yes
Providers enrolled in Medicaid (hospitals, doctors, labs, health depts, etc.)	Yes	No	No	No		No	No	No	Yes	Yes
Providers not enrolled in Medicaid	No	No	No	No		No	No	No	No	No
Law Enforcement personnel (unless there is a subpoena or court order signed by a judge)	No	No	No	No		No	No	No	No	No
Social Security Administration: ONLY FOR SSI RECIPIENTS	Yes	Yes	Yes	No		No	No	No	No	No
Other agencies, ex. housing, INS, legal services, school lunch programs, WIC (not enrolled as providers)	No	No	No	No		No	No	No	No	No

Figure 1 - MA-3500 04/01/2009