

**Tennessee Department of Human Services  
INSTRUCTIONS FOR USE OF FORM HS-2939,  
TDHS HIPAA Authorization For Release of Medical/Health  
Information To 3rd Party**

**1. Purpose of the form**

The purpose of this form is to allow THDS permission to release medical/health information about a client/customer/recipient to a 3rd party.

**2. When it is used**

This form is used when TDHS determines there is a need for release of a client/customer/recipient's medical/health information to a 3rd party.

**3. Who completes the form**

TDHS customer/client/recipient (may be assisted by TDHS staff).

**4. 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.)**

For PDF version, there are the following options:

1. DHS staff prints, then client manually completes the form.
2. DHS staff electronically complete all fields, then prints and client signs signature fields.
3. Client electronically completes all fields and returns form to DHS staff.

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

TDHS staff/client file

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

Client/with client's files

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

RDA 11155, 2117, 1716.