AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____, authorize the following person/agency/group:

_____

Provider/Agency/Group Phone City State ZIP

To disclose information and records regarding my treatment, medical and/or behavioral health condition to the following professional person/agency, physician and/or facility;

_____

Provider/Agency/Group Phone City State ZIP

Information to be released or exchanged include (check all that apply):

_____ Intake Questionnaire _____ Treatment Plan(s) _____ Treatment Progress Summary

_____ Discharge Summary _____ Other (specify) _____ Referral(s)

The authorized purpose(s) for this release are:

_____ Diagnosis/ Treatment _____ Coordination of Care _____ Other (specify)

_____ ***EMERGENCY CONTACT***

I understand that my health and behavioral health records are protected from disclosure under Federal and/or state law. I may revoke this authorization. This authorization is valid until I revoke it or 6 months after I have completed treatment, whichever is sooner. Once I revoke this authorization, no information can be released except as authorized or allowed by law. File copy is considered equivalent to the original.

This authorization was explained to me as I signed it of my own free will on:

The _____day of _____, 20____.

_____

Signature of Client Signature of Witness

_____/_____ **CONSENT REVOKED**

Initial/Date

Federal and state law protects the confidentiality of the information disclosed to you related to the individual's alcohol and drug abuse treatment. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. Disclosure is limited to the purpose and persons included on the authorization form. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. State laws may also protect the confidentiality of the client's records.