NEW SEASON

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, _____, authorize
(Name of Patient) (Date of Birth)

_____
(Name or general designation of organization/person making/requesting disclosure)

to disclose to/receive from: _____
(Name of organization and/or person to which disclosure is to be made/requested)

the following information: _____
(Nature of the information, as limited as possible)

_____, including:

❒ Intake Paperwork ❒ Psychosocial Evaluation or Assessment ❒ History & Physical

❒ Billing Records ❒ MAR (Medication Administration Record) ❒ Treatment Plan / Review

❒ Tox / Drug Test Results ❒ Prescription Verification / COC ❒ Medical test results

❒ Discharge / Transfer Summary ❒ Other_____

The purpose of the disclosure authorized herein is to: _____

_____
(Purpose of disclosure, as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

_____
(Specific date, event, or condition upon which this consent expires; cannot be longer than 12 months)

_____ _____ _____ _____
Signature of Patient Date Signature of Witness Date

_____ _____
Signature of parent, guardian or authorized Representative when required Date

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR PART 2). THE FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF INFORMATION IN THIS RECORD THAT IDENTIFIES A PATIENT AS HAVING OR HAVING HAD A SUBSTANCE USE DISORDER EITHER DIRECTLY, BY REFERENCE TO PUBLICLY AVAILABLE INFORMATION, OR THROUGH VERIFICATION OF SUCH IDENTIFICATION BY ANOTHER PERSON UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE INDIVIDUAL WHOSE INFORMATION IS BEING DISCLOSED OR AS OTHERWISE PERMITTED BY 42 CFR PART 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS *NOT* SUFFICIENT FOR THIS PURPOSE (SEE SEC. 2.31). THE FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION TO INVESTIGATE OR PROSECUTE WITH REGARD TO A CRIME ANY PATIENT WITH A SUBSTANCE USE DISORDER, EXCEPT AS PROVIDED AT SEC. 2.12(C)(5) AND 2.65.

I was offered a copy of the release of information and at this time _____ Accept _____ Decline a copy.