

Consent for Release of Confidential Information

I, _____^⑤, authorize
(Name of Patient)

_____^①
(Name or general designation of alcohol/drug program making disclosure)

to disclose to _____^②
(Name of person or organization to which disclosure is to be made)

the following information: _____^⑤
(Nature and amount of the information to be disclosed, as limited as possible)

The purpose of the disclosure authorized in this is to: _____^④
(Purpose of disclosure, as specific as possible)

⑥ I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 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:

_____^⑦
(Specification of the date, event, or condition upon which this consent expires)

⑩ I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes. I have been provided a copy of this form.

Dated: _____^⑨

_____^⑧
Signature of Patient

Signature of person signing form if not patient

Describe authority to sign on behalf of patient: _____

NOTICE
PROHIBITING REDISCLOSURE
OF ALCOHOL OR DRUG TREATMENT INFORMATION

Prohibition on Redisclosure
of
Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules, 42 Code of Federal Regulations (CFR), Part 2. The federal rules 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 42 CFR, Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Consent for Release of Confidential Information

According to CFR 42 § 2.31, a properly completed consent for release of confidential information must contain each of the following items:

- ❶ The name or general designation of the program(s) making disclosure;
 - ❷ The name of the individual or organization that will receive the disclosure;
 - ❸ The name of the patient who is the subject of the disclosure;
 - ❹ The purpose or need for disclosure;
 - ❺ A description of how much and what kind of information will be disclosed;
 - ❻ The patient's right to revoke the consent and the exceptions to the right to revoke or, if the exceptions are included in the program's notice, a reference to the notice;
 - ❼ The date, event, or condition upon which the consent expires if not previously revoked;
 - ❽ The signature of the patient (and/or other authorized person); and
 - ❾ The date on which the consent is signed.
 - ❿ The program's ability to condition treatment, payment, enrollment or eligibility of benefits on the patient agreeing to sign the consent, by stating either that the program may not condition these services on the patient signing the consent, or the consequences for the patient refusing to sign the consent.
- **This is a legal document.** Any change to this document, once the patient has signed it, requires their initials and the date of the amendment as an indication of their approval for the change.
 - A revocation requires only that a line be drawn through the document, with the word "Revoked", and the date and time of revocation. The patient need not initial a revocation. A patient may request revocation by any means, including the telephone, provided their identity is confirmed.