



Authorization of Information

I, _____ DOB _____
(Client's Printed Name)

Authorize/Request **REACH 907 Resilience Behavioral Health** to _____ (INITIAL) Obtain and/or _____ (INITIAL) Disclose Information To/From:

Name: _____

Mailing Address: _____

Phone: _____ FAX: _____ Email: _____

To Both Communicate and Disclose the Following Information

Information Being Released: (Initial All That Apply)

_____ All Listed Below

_____ Verbal

_____ Email

_____ Intake/Assessment (Mental Health only)

_____ Treatment Plan

_____ Therapy Notes

_____ CRSS/ICM/CM

_____ Discharge Summary

_____ Other: _____

_____ Treatment Plan

_____ Treatment reviews/progress

_____ Therapy Notes/Substance Use

_____ SUD/Integrated Assessment

_____ Group Notes – SUD

_____ Financial/Payment Information

For the Purpose of: (Initial all that apply)

_____ All Listed Below

_____ Treatment

_____ Per Client Request

_____ Legal Purposes

_____ Personal

_____ Financial

_____ Payment/Healthcare Operations

_____ Other: _____

Receive By: (Initial all that apply)

_____ All Listed Below

_____ Fax

_____ Pick Up

_____ Verbal

_____ Electronic

Initial I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug 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 in the regulations. I understand that the agencies identified above may not condition my treatment on whether I sign a consent form, but that in certain circumstances I may be denied treatment if I do not sign a consent form.

SIGNATURE OF CLIENT

RELATIONSHIP TO CLIENT

DATE

SIGNATURE OF OTHER LEGAL REPRESENTATIVE

RELATIONSHIP TO CLIENT

DATE

WITNESS SIGNATURE

PRINTED NAME OF WITNESS

DATE

Recipients: If the information released pertains to drug and alcohol abuse, the confidentiality of the information is protected by federal law (CFR 42, Part 2) prohibiting you from making any further disclosures of this information without specific written authorization of the person to whom it pertains or as otherwise permitted by CFR 42, Part 2. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

THIS ROI IS REVOKED _____ (INITIAL & DATE)