

## **Release of Information Form**

REACH 907 Resilience Behavioral Health PO Box 876646 Palmer AK 99687 PH: 907-745-6200 FAX: 907-745-6211 EMAIL: clinical@reach907ak.org

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Authoriza/Denuest DEACH 007 Deciliones Debeutem	(Client's Printed Name)	Obtain and/an	(www.v.) Disaless Information To
Authorize/Request REACH 907-Resilience Behavior			
Name: Mailing Address:			
Phone: FAX:			
To Both Communicate and Disclose the Following Ir		_ Linian	
Information Being Released: (Initial All That A			
All Listed Below	·PP-//		
Verbal		Treatm	ent Plan
Email			
Intake/Assessment (Mental He	ealth only)	Treatm	ent reviews/progress
Treatment Plan		Therapy Notes/Substance Use	
Therapy Notes		SUD/In	tegrated Assessment
CRSS/ICM/CM		Group I	Notes – SUD
Discharge Summary			
Other:		Financia	al/Payment Information
For the Purpose of: (Initial all that apply)	<del></del>		
All Listed Below			
 Treatment		Financia	al
 Per Client Request			nt/Healthcare Operations
Legal Purposes			
Personal		Other: _	
Receive By: (Initial all that apply)			
All Listed Below			
Fax		Verbal	
Pick Up		Electro	onic
Initial, I understand that my alcohol and/or drug tre 42 C.F.R. Part 2, and the Health Insurance Portability and Account otherwise provided for in the regulations. I understand that the a circumstances I may be denied treatment if I do not sign a conser	ability Act of 1996 ("HIPAA"), 45 C.F.I gencies identified above may not con	R. Pts. 160 & 164, and c	
SIGNATURE OF CLIENT	RELATIONSHIP TO CLII	ENT	DATE
SIGNATURE OF OTHER LEGAL REPRESENTATIVE	RELATIONSHIP TO CLI	IENT	DATE
WITNESS SIGNATURE	PRINTED NAME OF WI	TNESS	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)
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