CONSENT TO RELEASE CONFIDENTIAL INFORMATION

This form is in compliance with the Federal Confidentiality Law

Government Substance Abuse Patient Records (42 CFR, Part 2) And Health Insurance Portability Accountability Act (HIPAA) 45 CFR

1. **Consumer Name and Mailing Address** **Medical Record #:**_____

_____ **Date of Birth:**_____

2. **Name and Address of:**
   - A. Requestor, if not the same as consumer:_____
   - B. Institution holding and releasing information:_____
   - C. Person or Institution to receive information:_____

3. **Type of Information**

	Initial		***Initial***
A. Substance Use Information	_____	D. Psychiatric Information	_____
B. HIV/AIDS Related Information	_____	E. Medical Information	_____
C. Healing Hearts Information	_____		

4. ***Initial*** specific information to be disclosed & specify time period from _____ to_____

_____ Summaries _____ Physical Examinations _____ Psychiatric Evaluations
_____ Demographics _____ Progress Notes _____ Other_____

Method of disclosure: _____ verbal _____ release copies _____ verbal & release copies

5. ***Initial*** purpose for the release

_____ Medical Follow-up _____ Legal _____ Personal
_____ Other, explain_____

6. This consent has been made freely, voluntarily, and without coercion. Those who receive this information cannot disclose it to others unless permitted by Federal or State Law. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. This release is not valid after 12 months of the date of signature unless otherwise specified.

_____ _____ _____
Date Signed Expiration Date Consumer's Signature

_____ _____
Date Witnessed Employee's Signature & Title

7. _____
Print Name & Title of the Employee Providing Information

_____ _____
Signature of Employee Providing Information Date

8. If date of revocation is prior to 12 months, complete this section.

_____ _____
Date Revoked Consumer's Signature

_____ _____
Date Witnessed Employee's Signature & Title