

AUTHORIZATION TO RELEASE INFORMATION

CLIENT NAME: _____

DATE OF BIRTH: _____

I do hereby authorize Dr. Caroline Williams to Disclose to: Exchange with: Obtain from:

Name of Organization/Person _____

Address: _____ Phone # _____ Fax _____

Indicate below the type of information to be disclosed by indicating Yes or no for EACH choice below:

Yes No **Mental Health treatment** Yes No **Alcohol/Drug Abuse Treatment** Yes No Progress Notes

Yes No Intake Narratives/ASI Yes No Program Attendance/compliance Yes No Testing Results

Yes No **Drug Screen Results** Yes No Treatment Plan Yes No **HIV Status**

Yes No Medical Information Yes No Progress in treatment/Prognosis Yes No Emergency Medical Info

Other specific information to be released: Yes No, Please specify: _____

This information to be released by means of Photocopies/mail Verbal/telephone Fax

Information to be released is for services during the period of _____ to _____.

The purpose of the disclosure is continuity of care; Other, (specify): _____

I understand that my records are protected by state and federal confidentiality laws and cannot be disclosed without my written consent unless otherwise permitted by law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken. I have the right to revoke this consent, but revocation will not be effective until received in writing by the person in possession of my records. If you give written consent to re-disclose your information by the recipient, it may no longer be protected by federal or state laws. If not revoked earlier, this consent will expire as specified below, or if not specified, within one year from the date signed.

Date consent expires: _____ or One year from the date of client, parent, or legal guardian's signature

Signature of client, parent, or legal guardian Date Signature of Witness Date

In the case of Substance Abuse Records: This information has been disclosed to you from records protected by Federal Confidentiality Rule 42 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 law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse client.