



**CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR
DRUG TREATMENT INFORMATION**

I, _____ (NAME OF PATIENT)

_____ (BIRTHDATE)

authorize:

_____ (NAME OR GENERAL DESIGNATION OF ALCOHOL/DRUG PROGRAM MAKING DISCLOSURE)

to disclose to:

_____ (NAME OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE)

the following information:

_____ (NATURE AND AMOUNT OF INFORMATION TO BE DISCLOSED, AS LIMITED AS POSSIBLE)

The purpose of the disclosure authorized herein is to:

_____ (PURPOSE OF DISCLOSURE, AS SPECIFIC AS POSSIBLE)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in 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:

_____ (SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

I understand that generally the alcohol and/or drug treatment program may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

DATED: _____

SIGNATURE OF PATIENT

SIGNATURE OF PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE (WHEN REQUIRED)

**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.