

CONFIDENTIALITY RELEASE FORM

I, _____, authorize _____
(Patient Name) (Clinic, Counselor, or Doctor's Name)

to disclose to _____ the copies of any
(Name and Location of Person(s)/Organization to Receive Information)

and all records and information which you may have in your possession. This includes all the transmission of information and data via verbal and electronic contact.

These records and information include, but may not be limited to:

- Hospital records, including that of attending nurses, physicians, health care personnel and technicians.
- Laboratory test results
- Medical examination results
- Medical opinions, diagnosis, progress notes, and recommendations
- Treatment plans and progress
- Description of treatment and prescriptions
- Notes of conversations, phone calls, memoranda or any type of communication concerning the overall treatment

I understand that the purpose of this disclosure is: _____

This authorization expires on: _____, or when
_____, is no longer providing me with services.

I understand that my records are protected under Federal regulations 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.

Print Patient Name _____ Date _____

Signature of Patient _____

Date of Birth _____ Social Security # _____

Print Witness Name _____ Date _____

Signature of Witness _____

ATTENTION RECIPIENT – Notice Prohibiting Redisclosure

This information has been disclosed to you from the records protected by Federal confidentiality rules 42 C.F.R. 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 C.F.R. Part 2. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug patient.