I ______________________ authorize the Office of Health and Counseling Services to release/receive the following information (specify):

________________________________________________________________________________

________________________________________________________________________________

to/from ____________________________________________

(Name of person or organization to which disclosure is to be made)

The purpose of the disclosure authorized in this consent is to (explanation):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

This consent is valid for the duration of (time):

________________________________________________________________________________

I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 1 year, this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization and that I have a right to refuse to sign this authorization and I will not be denied services if I refuse to consent to a disclosure for other purposes.

Client Signature ___________________________ Date __________

Personnel Signature ___________________________ Date __________

PROHIBITION OF 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 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. 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.