

INTERAGENCY CONSENT TO RELEASE CONFIDENTIAL INFORMATION FOR ALCOHOL OR DRUG PATIENTS

I, _____, of _____
(Name of Patient/client) (Patient/client's address)

authorize _____
(Name, title, and organization making disclosure)

To disclose to: _____
(name, title and organization to whom disclosure is being made)

The following information: _____
(Specific information to be disclosed)

For the following purpose(s): _____
(Reason for disclosure)

I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for the laws and regulations. I also understand that I may revoke (or cancel) this consent at any time, except to the action has been taken in reliance on it, and that in any event this consent automatically expires as described below:

(Date, event, or condition upon which this consent will expire)

I further acknowledge that the information to be released as fully explained to me and that this consent is given of my own free will.

Executed this, the _____ Day of _____, 20 _____

This consent includes Does not include information placed on my records after the above date.

(Signature of patient/client)

(Signature of parent/guardian, where required)

(Signature of person authorized to sign in lieu of parent)

NOTE WHERE INFORMATION ACCOMPANIES THIS DISCLOSURE FORM: This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (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 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.