COORDINATED ACCESS CROSS SECTOR CASE CONFERENCING
CONSENT TO RELEASE RECORDS
CONTAINING SUBSTANCE USE DISORDER INFORMATION
42 CFR Part 2 and HIPAA

REMEMBER: Information disclosed pursuant to consent must be accompanied by the notice prohibiting redisclosure.

I,_____,authorize
[name]

_____
[name or general designation of individual or entity making the disclosure]

to disclose the following:

____

Psychiatric/medical/substance use evaluation.

____ Psychiatric/medical/substance use discharge summary.

____ Progress notes. ____Psychological testing.

____ Educational testing.

____ Lab studies. ____Other:

____ Medical tests/studies. ____Other:

to _____
[name of recipient]

I authorize (Check One Box):

The release of all pertinent chart records selected above.
The release of all pertinent chart records selected above, for the specific record date range of:

_____

This consent is valid for one year from the date signed. Note: this consent, except for action already taken, can be revoked by me at any time.

Purpose: The purpose of this consent is to facilitate the assessment, treatment planning, and discharge planning regarding the client who has accessed the above entity's services.

Other: _____

Information may be communicated verbally, in writing, and/or by facsimile.

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I might be denied services if I refuse to consent to a disclosure for the purpose described above. I will not be denied services if I refuse to consent to a disclosure for other purposes.

_____ I have been provided a copy of this form. *Dated*: _____

_____
Signature of Patient

_____ *Relationship*: _____
Signature of person signing form if not patient

Describe authority to sign on behalf of patient _____

_____

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