PATHWAYS
Mental Health Services

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CONSENT FOR THE RELEASE OF CONFIDENTIAL MENTAL HEALTH, ALCOHOL OR DRUG TREATMENT INFORMATION

Patient Name _____ Date of Birth _____

This authorization must be written, dated and signed by the client or by a person authorized by law to give authorization.

Pathways Mental Health Services may (please initial applicable):

_____**OBTAIN** my healthcare information from: _____**SEND** my healthcare information to:

Name/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Pathways Mental Health Services may obtain and/or send the following health care information (**initial all that apply**). By initialing the spaces below, I specifically authorize the release of the following information:

_____ Diagnostic Assessments

_____ Treatment Summary/Impressions

_____ Number and Dates of Sessions

_____ All Health Care Information

_____ Other (please specify) _____

The recipient understands this record may be voluminous and agrees to pay all reasonable charges associated with providing this record.

The purpose of the disclosure authorized herein is:

Care Coordination and Treatment

(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 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CRF, 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 in writing 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:

*(e.g. 6 months, 1 year, specific date)*_____

_____ _____

Signature of Client/representative Date

Federal rules prohibit 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.

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