



7902 Fingerboard Road, Frederick, MD 21704

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ (DOB) _____

Name of Client

(DOB)

Authorize

to

Disclose to/Obtain from **The Ranch**

the following: DEMOGRAPHIC AND IDENTIFYING INFORMATION, LEGAL INFORMATION, ALL ASSESSMENTS AND EVALUATIONS, TREATMENT, RECOMMENDATIONS, MEDICAL INFORMATION, CURRENT MEDICATIONS, PARTICIPATION IN TREATMENT, TREATMENT REFERRALS FOR OTHER SERVICES, PROGRESS, ATTENDANCE, DISCHARGE INFORMATION/SUMMARY, VERBAL EXCHANGE, URINALYSIS AND BREATHALLZER RESULTS

for the purpose of Coordination of Services

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a patient in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also currently protected under the Federal privacy regulations with in the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may re-disclose the information and it may no longer be protected by the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure.

I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.

I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows: Specification of the date, event or condition upon which this consent expires:

This consent expires one year from the date of signature listed below unless otherwise specified as indicated: _____

Executed this ____ day of _____, 20 ____

I was offered a copy of this release. (Initial next to your choice) I chose to ____accept ____decline

Signature Client

Signature of Witness