



Specializing in Assessments and Counseling

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Authorization To Release Information

I, _____ authorize Healthy Recovery Options and
(Name of person/agency and relationship to Client) _____

Address: _____

Tel # and email address: _____

To have communication via

Table with 5 columns: Fax, Email, Mail, Tel, Text

and to disclose to one another the following information (nature and amount of the information as limited as possible). Please initial each category below which applies:

- My name and admission to Healthy Recovery Options
Attendance in the treatment program
Discharge date, discharge status, discharge plan/summary
Initial Assessment/Evaluation of my treatment needs
Summary of my treatment, progress, and compliance

The purpose (who, what, and why) of this disclosure authorized in this consent is to give: Who?
What Why?

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 C.F.R. Part 2, and the health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts.160 &164.

This consent may be revoked by me anytime except to the extent that such action has been taken in reliance thereon, and that unless an alternative date/event/condition is stated below, this consent expires automatically one year after the date of signature. Specify alternative date/event/condition upon which this consent expires (client must initial)

I understand that I might be denied services if I refused to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. 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. I have declined a copy of this form.

Client Signature Date

Witness Date

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR, Part 2) prohibits you from making further disclosure of this information except with specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if helped by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500.00 in the case of the first offense and not more than \$5000.00 in the case of each subsequent offense.