HEARTLAND COUNSELING

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I,_____ date of birth_____

[patient's name]

Authorize _____

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

to disclose the following information:

___Urgent Outpatient Report	___Periodic Summaries of treatment progress	___Initial Diagnostic Interview
___ Substance Abuse Eval	___Diagnosis	___Treatment Plans
___Progress notes	___Current Medication List	___Med Check notes
___Safety Plan	___Attendance and participation	___Education records

___Other

___any disclosures selected above may include information pertaining to substance use disorder records

To:_____

(name of individuals and/or entity receiving information)

The purpose of the disclosure is _____

[describe the purpose of the disclosure; as specific as possible]

I understand that my substance use disorder records are protected under the Federal regulations governing Confidential and Substance US Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 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 may revoke this authorization at any time by sending a letter to the Privacy Officer of the organization disclosing my information, except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:

_____

[describe date, event, or condition upon which consent will expire, which must be no longer than reasonably necessary to serve the purpose of this consent]

I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment nor will it affect my eligibility for benefits.
I understand that I may inspect and have a copy of the health information described in this authorization.
I affirm that everything in this form that was not clear to me has been explained and I believe I now understand all of it.
I have been provided a copy of this form.

Dated:_____

_____

Signature of Client

_____

Signature of Personal Representative

_____

Describe authority to sign on behalf of client

_____

Signature of Witness

Release of Information 08/2020
Adapted from Legal Action Center Aug 2017