



**AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION**

I, _____
(Name of patient or participant)

Authorize: _____
(Name of program/person making the disclosure)

To disclose to _____
(Name of person or organization to which the disclosure is made)

The following identifying information from my records (specify extent or nature of the information to be disclosed)

Specific purpose for the use or disclosure:

I understand that my records are protected under HIPAA and Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand this consent will expire one hundred and eighty (180) days from the date listed below. I also understand that I may revoke this authorization with a written request prior to the expiration. I understand that the revocation will not apply to information that has been released in response to this authorization prior to my written request for revocation. I further understand that my records may be transmitted by fax to the above name.

Specification of the date, event, or condition upon which this consent expires: _____

Executed this _____ day of _____, 20 _____

Signature of witness

Signature of patient or participant

Signature of parent, guardian or authorized Representative (when required)

Date of Birth

**THE FOLLOWING STATEMENT IS FOR CLIENTS INVOLVED IN CHEMICAL
DEPENDENCY COUNSELING SERVICES.**

Prohibition of redisclosure: This release accompanies records concerning a client in alcohol/drug abuse treatment. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from asking 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 federal 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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