

***Amethyst House and Amethyst Addiction Services
Authorization to Release Information***

Client Name _____ Date of Birth _____, authorize Amethyst House and
Amethyst Addiction Services to release/ exchange

Information with _____

For the purpose of _____

Records/information to be released (check appropriate items)

Evaluation / Diagnosis _____ Treatment Recommendations _____ Progress Notes _____ Discharge Summary _____

Full and Complete record _____ Other (specify) _____

I understand that this authorization includes release of records/ information concerning psychiatric or psychological conditions, drug and alcohol abuse, HIV testing or treatment, or related conditions that may be contained in my record. I further understand that this authorization is not required as a condition for treatment and that it may be revoked in writing by me at any time except to the extent that action has already been taken.

I agree that my signature can be faxed for the purposes described above

I have read and understand the above and acknowledge that it was properly completed prior to my signature.

Signature _____ Date _____

Witness _____

To Recipient of Client Records/ Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by 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 for criminal investigation or to prosecute any alcohol or drug abuse client.

Waiver

I understand that my records are protected under Federal confidentiality rules (42CFR Part 2) and that this consent will expire at the termination of treatment at Amethyst House or Amethyst Addiction Services or the following:

(Event or condition upon which the consent will expire if not revoked before)

Signature _____

Date _____

Witness _____