

Amethyst House, Inc

P.O. Box 11
Bloomington, IN 47402
(812) 336-3570
Fax #: (812) 336-9010

Release of Health Information

Client Name: _____ Date of Birth: _____ SSN#: _____

I, _____, authorize **Amethyst House, Inc.** to release to obtain
 to exchange information with:

Name of Person/Agency: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone: _____

For the purpose of (check all appropriate items):

- Coordinating Care Monitoring Treatment Compliance Referral Planning Billing Scheduling
 Leave messages or facilitate communication between the client and Amethyst House Obtaining Bio-Psycho-Social Information
 Treatment Planning Discharge Planning Other: _____

Records/information to be released (check all appropriate items):

- Substance Abuse Treatment Information** Full and Complete Record Evaluation Results/ Diagnosis Treatment Recommendations
 Progress Notes Lab Results/ Reports Urine Drug Screen/ Breathalyzer results Discharge plans/ Discharge Summary
 Monthly Status Reports Alert Forms Interpretative Summary 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 by me at any time except to the extent that action has already been taken. I understand that my records are protected under Federal confidentiality rules and that this consent will expire on the following date: (Please insert expiration date) _____

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

Signature _____ Date _____

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 42CFR 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.