

GENERAL RELEASE OF INFORMATION

I, _____, hereby authorize Dawn Farm staff, to release information contained in my client records to the individuals and only under the conditions listed below.

Name of person or agency to whom disclosure is to be made:

Specific type of information:

- | | |
|--|---|
| <input type="checkbox"/> Name and ID number | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Status | <input type="checkbox"/> PBT and urinalysis results |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Date of Discharge & Discharge Status |
| <input type="checkbox"/> Date of Admission | <input type="checkbox"/> Aftercare plan |
| <input type="checkbox"/> Summary of Recovery Plan & progress | <input type="checkbox"/> Other: |

Purpose for disclosure: To facilitate coordination of care

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 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Without expressed revocation this consent expires for the following specified reason:

Event: 30 days after discharge from all Dawn Farm services

I understand that I might be denied services if I refuse 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 understand that Dawn Farm will be happy to provide me with a copy of this form.

Client Signature _____

Date _____

Witness Signature _____

Date _____