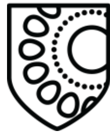

Release of Confidential Information

I, ________________________________

authorize Parenting Academy*

and ________________________________

and ________________________________

and ________________________________

to mutually exchange confidential information from my records for the purpose of facilitating evaluation and treatment. I request the following information to be released: **(Client's initials required on checked items)**

____ ☐ Psychological
____ ☐ Psychiatric
____ ☐ School
____ ☐ Social Service
____ ☐ Case Management
____ ☐ Family (Collateral)
____ ☐ Phone Conversations
____ ☐ Acknowledging Involvement
____ ☐ Other: (please explain on line below)

____ ☐ Alcohol/drug use history, diagnostic impression, symptomology
____ ☐ Biographical, family, psychological and social history
____ ☐ Evaluation results and recommendations
____ ☐ Previous treatment history and success/compliance
____ ☐ Mental health records, diagnosis, symptomology
____ ☐ Medical records for client and/or children
____ ☐ Discharge summary, aftercare plans, prognosis
____ ☐ Results of urinalysis and breathalyzer screens
____ ☐ Abstinence status, progress, attendance & compliance reports

____

I understand that my records are protected under the Federal and State confidentiality rules (42 C.F.R. Part 2) 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 on the expiration date below.

Expiration date: _______________

I further acknowledge that the information to be release was fully explained to me and this consent is given of my own free will initiated on this

_________ day of _________________, 20_____

____
Staff / Witness Signature

____
Client Signature

____
Signature of Supervisor

*Parenting Academy is a program of Brigid Collins Family Support Center

PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making 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 C.F.R. 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 to criminally investigate or prosecute any alcohol or drug abuse patient.