



1983 Sloan Place #15 Maplewood, Mn 55117

Release of Information

NAME:(Last) (First) (M.I.)
SS#: PHONE: DOB:
Address: City: State: ZIP

The above-named individual authorizes Addiction Health Center to RELEASE and RECEIVE confidential information relating to the client's presence in the facility to/from:

NAME/ORGANIZATION: RELATIONSHIP:
Address:
Phone: Fax: Email:

INFORMATION TO BE RELEASED
(Place x in Yes/No Box)

INFORMATION TO BE RECEIVED
(Place x in Yes/No Box)

Table with 2 columns: INFORMATION TO BE RELEASED and INFORMATION TO BE RECEIVED. Rows include Discharge Summary, Assessment/Admission intake, Chemical dependency Evaluation, Treatment Plan/Recommendations, Progress in treatment/Progress Notes, Lab: Urine Drug Screens, Completion of Services, Legal, Courts, and Other.

The Purpose of this Release is to ensure Minnesota Statutes compliance regarding Client Confidentiality in order to provide appropriate treatment services to Client's at Addiction Health Center or provide Telehealth Services to Client's in need of Chemical Health Assessments. Information may be released to the above individual(s), per client request, and only regarding client's presence in the facility or other indications in the above area.

Information can be communicated by: verbally written facsimile email Virtually

Effective this Date: to expire by: Unless revoked by me:

NOTE: This authorization, except for action already taken, can be revoked at any time. I understand the information written in confidential records cannot be released without my written consent unless otherwise provided for in legal statutes and judicial orders. My signature below indicates I understand the conditions of this release and that I give my authorization Voluntarily.

Signature Date Witness

NOTICE OF RECIPIENT OF INFORMATION This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by written consent of the individual whose information is being disclosed 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 (see 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to crime any patient with substance use disorder, except provided at §§ 2.12(c)(5) and 2.65.