

Recovery Services of Northwest Ohio Authorization For Release Of Information

Note: All matters relating to alcohol or drug abuse records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters can not be given out without the consent of the client. Section 2.31 of the P. L. 93-282, Part 2, requires the following information:

Recovery Services of Northwest Ohio is hereby granted my permission to exchange information with:

_____ (Name of Individual or of the Organization to which the Information is to be made)

(Complete Address) : _____

such information as may be necessary regarding the treatment of

_____ (Full name of the client)

_____ (Date of Birth)

Purpose or need for disclosure: Please check applicable item(s):

_____ Continuity of care _____ Resolution of legal matters

Specific information to be disclosed: Please have client initial applicable item(s)

_____ Assessment _____ Behavioral data _____ Diagnosis & prognosis
 _____ Recommendations _____ Referrals _____ Attendance
 _____ Progress _____ Progress notes _____ Other (specify) _____

Amount of information to be disclosed: _____ Information covering the previous three months

Information covering the most recent DIP admission _____, Other (specify) _____

This consent expires on:

_____ (Specific date, event or condition upon which the consent will expire, unless revoked before that specified time)

I understand that this consent is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it. My refusal to sign this authorization will **NOT** affect my ability to obtain treatment, payment, or enrollment in a health plan.

As required by section 2.32(a). Prohibition on Disclosure: "This information has been disclosed to you from records protected by federal confidentiality rules. 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 release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client."

_____ (Signature of Client or Person authorized to consent)

_____ (Date that Client or other Authorized Person signed)

For Office Use Only	
Staff Person Releasing Information: <i>Agency Authorized Staff Only</i>	Date: