

HARD COPY:

Authorization for Release of Information (Generic)

This release is in compliance with Federal regulations (42 CFR Part 2) and with all applicable state and local laws, rules and regulations. Information may not be further disclosed without permission from the client and may not be used to criminally investigate or prosecute any substance abuse client. I understand that my consent is made voluntarily and I understand that my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may revoke my written consent at any time in any event. This consent expires automatically in one (1) year from this date unless noted below:

Consent expires on this date: _____

I _____ (name of client)

hereby authorize the release of information to and from the following person/
agency: **Advent Group Ministries, Inc. and**

Name: _____

Address: _____

City/State: _____ Zip code: _____

Telephone: _____

Relationship: _____

Permission is hereby given to **Advent Group Ministries, Inc.** to release or receive information for the purpose of:

- Emergency Contact - General Updates
- Medical
- Legal Matter - Court Services
- Continuity of Treatment - Patient History
- Case Management Services
- Employment Continuity - FMLA / Short Term Disability
- Other: _____

This information may include:

- All Items Below:**
- Progress Updates
- Presence in Treatment
- Discharge / Transfer Planning
- Discharge Summary / Aftercare Recommendations
- Urinalysis Results
- Medical History / Current Status
- Family Information
- Progress Notes
- Biopsychosocial Assessment
- Treatment Plans
- Medical Progress Notes & Assessments
- Laboratory Test Results
- Psychiatric History & Assessment / Evaluation
- Legal Status
- Employment Information
- Other: _____

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 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 CFR 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 client. [52 FR 4197, Nov 2, 1987]

Date signed

Date signed

Date signed

Signature of client

Signature of Parent/ Legal Guardian

Signature of Advent Staff