



Oglala Lakota Division of Behavioral Health

Request for Information Authorization

This Release of Information (ROI) allows the Oglala Lakota Division of Behavioral Health to obtain information about a client from a third party. Examples of the most frequent information OL-DBH requests include, but are not limited to certificate of tribal enrollment, alcohol and drug evaluation, court orders mental health assessment, and medical records.

Client Information			
Last Name	First Name	Middle	
Address	City	State	Zip

I hereby authorize _____ to
release the following information to the Oglala Lakota Division of Behavioral Health.

(Please initial the information to be shared with OL-DBH)

____ Court Order/Legal Documents

____ Alcohol and Drug Evaluations/Reports/Discharge Summaries

____ Mental Health Evaluations/Reports/Discharge Summaries

____ Medical Records

____ Tribal Enrolment Information

____ Other _____

I understand that I may revoke this authorization at any time. I understand that this authorization expires 12 months from its signing date. I also understand that Federal Law protects any information about me or my minor child. Federal regulations (Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2) prohibit anyone from making further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Referral Source Signature: _____ Date: _____

Revocation of ROI

I hereby formally revoke any previously granted Release of Information (ROI) authorizations I made to the Oglala Lakota Division of Behavioral Health. This revocation is effective immediately. I no longer authorize OL-DBH to disclose any of my protected health information (PHI) to any third party, for any purpose whatsoever.

Referral Source Signature: _____ Date: _____