Healing Paths Intuitive Therapy

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I,_____,
(Name of Patient)

authorize communication between _____

Healing Paths Intuitive Therapy
(Name of program making disclosure)

to authorize the following information pertinent to my treatment episode:

- assessment and evaluation
- proposed treatment plan
- diagnosis
- progress notes related to pre-authorization or concurrent review
- continuing care plan
- other psychosocial information relating to pre-authorization or concurrent review
- follow-up contact
- other (specify) _____

The purpose of the disclosure authorized herein is to support care management and reimbursement, satisfaction surveying and quality improvement

I understand that my records are protected under the federal regulation governing confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2 and can not 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 when there has been a resolution of all outstanding claims or one year from discharge, whichever is later.

_____ _____
Signature of Client Date

_____
(Signature or parent, guardian or authorized representative, when required)

Prohibition on Redisclosure of Information Concerning Patient in Alcohol or Drug Abuse Treatment: This notice accompanies a disclosure of information concerning a patient in alcohol/drug abuse treatment, made to you with the consent of such patient. 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 use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.