Consent for Release of Confidential Information

I, _____born on _____authorize **Compass Counseling/Tyler Gordon ACMHC,** Contracted with the Children's Justice Center to:

□ Disclose to □ Obtain from

□Electronic □ Oral □ Written

Name: _____ Relationship:
Phone:

The following information:

□ Presence in treatment
□ Progress in treatment
□ Treatment plans
□ Psychological assessment
□ Psychiatric history and assessment
□ Payment/Financial Needs
□ Medical history/current status
□ Biopsychosocial assessment
□ Employment information
□ Legal status
□ Family information
□ Aftercare recommendations
□ Discharge planning
□ Discharge summary
□ Other:

Reason for release of information: Presence in treatment

(Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure.)

Continuity of treatment - Patient history - Case Management services

Emergency contact - General Updates

Court services - Legal purposes - Probation - Disability claiming - Medical Provider - Unemployment claiming - Employment continuity

Other:

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2) published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions.

I understand that I may revoke this authorization at any time upon written notice to Compass Counseling Center. I acknowledge that such revocation will not be effective if Compass Counseling Center. has already acted in reliance upon this authorization.

This authorization is valid (if not previously revoked) this consent will terminate upon one (1) year from the date of signature of this form, or the following event/condition: , or the completion of treatment, or at the time of the final insurance billing, as the case may be, whichever is later.

Prohibition on Re-disclosure

This information has been disclosed from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit 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. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.