

H.A.L.O. Educational Systems, LLC.

Helping All Learn Options

Canaan, New Hampshire 03741
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CONSENT/AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ (Client) DOB _____

authorize H.A.L.O. Educational Systems, LLC. to _____ disclose to _____ obtain from _____

(Person) _____ (Agency) _____

(Address) _____

PHONE () _____ EMAIL: _____ @ _____

(Name or Title, Address and Phone Number of the Person or Organization to which the Disclosure is to be made or received

the following information: (Please Initial each Consent)

Table with 2 columns of checkboxes and corresponding text items: Attendance in treatment, Course and results of treatment, Treatment plan, Treatment recommendations/Aftercare plan, Discharge plans/Discharge summary, Substance use history, Diagnostic summary and diagnoses, Legal History, Other (please specify), Social/Family History, History of Medical treatment, History of Psychiatric treatment/ Counseling, Medical history (including medication history), Drug/Alcohol test results, Biopsychosocial Assessment, Substance abuse Evaluations and recommendations, Physical Exam/TB test.

The purpose or need for the disclosure authorized herein is to: (provide integrative treatment approach) _____

(Purpose of disclosure, as specific as possible)

I understand that my alcohol/drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164, and cannot 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 upon it. If not previously revoked, this consent expires automatically as follows: (One Year from the date of signature) _____

(Specifications of the date, event, or condition upon which this consent expires)

I understand that generally my treatment may not be conditioned on whether I sign a consent form. I have read this release and understand its contents.

Signature of Client

Date

Signature of Witness / Counselor

Date