

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

_____, born _____, authorizes _____
(Full Name of Patient) (Birthdate) (Name of person/entity making disclosure)

to disclose to _____ the following information:
(Name of person/entity to whom disclosure is to be made)

(Identify/describe nature and extent of information to be disclosed, as limited as possible)

The purpose of the disclosure is to

(Purpose of disclosure, as specific as possible)

I understand that I, and/or my parent or guardian, if appropriate, may revoke this authorization at any time (in writing), except to the extent that action has been taken in reliance on it. If not previously revoked, this authorization terminates on the following specific date, event or condition: _____

For patients receiving mental health services, consent shall expire 90 days after authorization, unless a different time period has been designated, except that authorization may not be granted for longer than 180 days.

I understand that the information disclosed is protected by law and may not be redisclosed without my written authorization or as otherwise authorized by law; however, I understand that _____ cannot control the recipient's use of the information.
(Person or entity disclosing)

I understand that my treatment, payment for my services, my enrollment or eligibility for benefits cannot be conditioned upon my giving authorization for disclosure of information FOR ANY OTHER PURPOSE.

Signature of Patient or Guardian/Personal Representative if appropriate
(with description of relationship and authority to act on behalf of patient)

Date

Signature of provider staff person facilitating request
for disclosure of information

Date

****ORC 3701.243, ORC 5122.31, 42 and/or 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records** 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 information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed 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 (see 42 CFR 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 CFR 2.12(c)(5) and 42 CFR 2.65.