



ON SOLID GROUNDS

Records Release Authorization

I, _____, hereby consent to the release of information between

& _____

(Names of Individuals & Agency affiliation to share information) to release the following information from the records of:

(Client Name)

(Client Date of Birth)

___ Pertinent Referral Agency Information (DSS/DJJ/COC/Primary Care Physician)

___ Educational Progress/CST Records

___ Treatment and Discharge Plans

___ Progress Reports

___ Drug/Alcohol Evaluation

___ Psychological Psychiatric Evaluation(s)

___ Discharge Summary

___ Court Summaries

___ Medical Records/Discharge

___ Probation/Parole Records

___ Progress Notes

___ Final Summary

___ Other:

The purpose or need for such disclosure is: _____

Consent is valid until: _____

(Specification of the date, event or condition upon which consent expires not to exceed 1 yr)

I understand that I need not sign this form in order to ensure health care treatment and/or its payment for the above named client. I understand that once the information is disclosed pursuant to this authorization, it may be re-disclosed by the recipient and may not be protected by federal privacy regulation. This authorization is subject to revocation at any time except to the extent that action has been taken in reliance upon it. I understand that in order to revoke this authorization I must do so in writing to the attention of On Solid Grounds Counseling at 1963 Hollings Road, Charleston, SC 29412

The intent and terms of this release of information have been fully explained and are understood by the undersigned.

Signature of Client or Person Authorized by Law to Give Consent

Date

Signature of Minor (13 years of age and over)

Date

A copy of this form was offered to client/parent/guardian.

Accepted copy

Rejected copy

Signature of Witness

Date

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part2) and PA Regulation (4 PA 255.5) 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 and 4 PA 255.5. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.