

CONCERN SERVICES

Authorization for Use or Disclosure of Protected Health Information

I, the undersigned, hereby authorize **CONCERN Services** to disclose the specified individually identifiable health information to and/or obtain information from the person/organization listed below. This authorization includes release of information concerning treatment of drug or alcohol abuse, drug-related conditions, alcohol dependence, and/or psychiatric / psychological conditions and HIV related conditions. The following information may be released:

Assessment Treatment Plan/Progress Recommendations Diagnosis
 Review of Records Other, specify below:

The above information is being released to/obtained from:

Name: _____

Agency: _____

Street Address: _____

City, State: _____

Telephone Number: _____

Fax Number: _____

This information is being disclosed to you from records whose confidentiality is protected by Federal Law including CFR42 and the Health Information Portability and Accountability Act (HIPAA). Federal regulations prohibit you from making further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of clinical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

This statement must be signed and dated, and may be revoked at any time except to the extent action has been taken prior to revocation in reliance upon the authorization. This consent will expire ninety (90) days after the date below unless otherwise stated

(specify date, event or condition upon which it will expire)

I hereby state that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the treatment records for the purpose and extent stated above.

Print Client Name

Client/Guardian Signature

Date Signed

Social Security Number

Print Witness Name

Witness Signature

Date Signed