



591 S. Knik Goose Bay Rd
Wasilla, AK 99654
Phone (907) 313 1333 Fax (907) 357-8781

CONSENT FOR DISCLOSURE OF INFORMATION

I, _____ DOB: _____, REQUEST/AUTHORIZE TRUE NORTH RECOVERY INC. TO: _____ DISCLOSE INFORMATION TO AND/OR _____ OBTAIN INFORMATION FROM:

NAME OF ORGANIZATION AND/OR INDIVIDUAL: _____
MAILING ADDRESS: _____
PHONE: _____ FAX PHONE: _____ EMAIL: _____

I Authorize the release and/or disclosure of the following clinical treatment records:

INITIAL ALL THAT APPLY.

- ___ ALL LISTED BELOW OR
___ UA RESULTS
___ ASSESSMENT/INTERPRETIVE SUMMARY
___ TREATMENT PLAN/CASE REVIEWS
___ LEAVE MSG FOR CLIENT TO CONTACT AGENCY
___ FINANCIAL INFORMATION AND ATTENDANCE
___ ATTENDANCE
___ DISCHARGE SUMMARY
___ PROGRESS NOTES, TREATMENT/PLAN OR NOTES, OR CLOSING SUMMARY
___ OTHER _____

___ ALL DATES OF SERVICES OR DATE or DATE RANGE of RECORDS TO BE RELEASED: _____

FOR THE PURPOSE OF: (INITIAL ALL THAT APPLY)

- ___ ALL LISTED BELOW OR
___ FURTHER TREATMENT/COORDINATION OF CARE
___ AT THE REQUEST OF THE CLIENT
___ LEGAL PURPOSES
___ FINANCIAL
___ PAYMENT HEALTH CARE OPERATIONS
___ OTHER _____

INITIAL

I UNDERSTAND THAT THE INFORMATION IN THIS HEALTH RECORD MAY CONTAIN INFORMATION RELATING TO SUBSTANCE USE DIAGNOSIS AND/OR TREATMENT, MENTAL HELTH DIAGNOSIS AND/OR TREATMENT AND/OR HUMAN IMMUNODEFICIENCY VIRIUS (HIV) AND ACQUIRED IMMUNE DEFICIENCT SYNDROME (AIDS)

I HAVE BEEN PROVIDED WITH A COPY OF MY RIGHTS UNDER 42 CFR PART 2 AND RESPONSIBILITIES AND UNDERSTAND THE PURPOSE OF THIS CONSENT.

SIGNATURE OF CLIENT PRINT NAME DATE

SIGNATURE OF PARENT GUARDIAN/REPRESENTATIVE PRINT NAME DATE

SIGNATURE OF WITNESS PRINT NAME DATE

STOP. ONLY SIGN BELOW IF YOU ARE WANTING TO RESCIND YOUR ORIGINAL AUTHORIZATION FOR RELEASE OF INFORMATION. IF YOU WISH TO CHANGE THE INFORMATION TO BE RELEASE YOU WILL NEED TO SIGN A NEW ROI.

SIGNATURE OF CLIENT PRINT NAME DATE

PLEASE READ THE FOLLOWING INFORMATION PRIOR TO SIGNING A CONSENT TO RELEASE INFORMATION:

I UNDERSTAND THAT ALCOHOL AND/OR DRUG TREATMENT RECORDS ARE PROTECTED UNDER THE FEDERAL REGULATIONS AND DRUG ABUSE PATIENT RECORDS, CFR 42. PART 2, AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"), 45 CFR. PTS 160 AND 164 AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR BY THE REGULATIONS.

I UNDERSTAND THAT I MAY BE DENIED SERVICES IF I REFUSE TO CONSENT TO A DISCLOSURE FOR THE PURPOSES OF TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS, IF ALLOWED BY STATE LAW WILL NOT BE DENIED SERVICES IF I REFUSE TO CONSENT TO A DISCLOSURE FOR OTHER PURPOSES.

I HAVE HAD EXPLAINED TO ME AND FULLY UNDERSTAND THIS REQUEST/AUTHORIZATION TO RELEASE AND/OR OBTAIN RECORDS AND INFORMATION INCLUDING THE NATURE OF THE RECORDS, THEIR CONTENTS, AND THE CONSEQUENCES AND IMPLICATIONS OF THEIR RELEASE. UNDERSTAND THAT ONCE MY INFORMATION IS RELEASED, TNR CANNOT PREVENT THE REDISCLOSURE OF THAT INFORMATION, HOWEVER DOES PROVIDE A STATEMENT OF PROHIBITION AGAINST REDISCLOSURE OF PROTECTED HEALTH INFORMATION WITH DISCLOSURES MADE.

I UNDERSTAND THAT I MAY REVOKE THIS CONSENT IN WRITING AT ANY TIME, EXCEPT TO THE EXTENT THAT ACTION BASED ON THIS CONSENT HAS ALREADY BEEN TAKEN. SEE YOUR COUNSELOR OR AN ADMIN FOR INSTRUCTIONS TO REVOKE THIS CONSENT

I HAVE A RIGHT TO RECEIVE A COPY OF THIS SIGNED AUTHORIZATION. I ALSO UNDERSTAND THAT UPON MY WRITTEN REQUEST, TNR MUST PROVIDE ME WITH A RECORD OF DISCLOSURES MADE FOR LEGAL ADMINISTRATIVE OR QUALITY ASSURANCE PURPOSES.

NOTICE

PROHIBITING REDISCLOSURE OF ALCOHOL AND DRUG TREATMENT INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment: made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules, 42 Code of federal Regulations (CFR), Part 2. The federal rules 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, A general authorization for the release of medical or 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