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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Client Information

Client Name: _____
Chosen Name: _____
Client ID: _____
Date of Birth: _____

Facility/Individual Releasing Information to/Obtaining Information From

Facility/Individual Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Information to be Released

Select all that apply and initial next to each item selected.

Exchange Information:

- | | |
|---|-----------------|
| <input type="checkbox"/> Diagnostic Review | Initials: _____ |
| <input type="checkbox"/> Treatment Plan | Initials: _____ |
| <input type="checkbox"/> Medication(s) | Initials: _____ |
| <input type="checkbox"/> Intake Assessment | Initials: _____ |
| <input type="checkbox"/> Psychiatric Evaluation | Initials: _____ |
| <input type="checkbox"/> Verbal Communication | Initials: _____ |

Disclose Information:

- Entire Record Initials: _____
- Progress in Treatment Initials: _____
- Psychosocial Assessment Initials: _____
- School Records Initials: _____
- Other: _____ Initials: _____
- Date Range: _____ to _____

Obtain Information:

- Substance Use Disorder Diagnosis Initials: _____
- Substance Use Disorder Assessment Initials: _____
- Substance Use Disorder Treatment Plan Initials: _____
- Substance Use Disorder Progress Notes Initials: _____

Purpose for the Disclosure

- Evaluation
- Coordination of Care
- Legal
- School Placement/Assessment
- Other: _____

Expiration Date: _____

This authorization (unless expressly revoked) will remain in effect until the designated expiration date or event (**not to exceed one year from the date of the signature**). I have the right to revoke this authorization, in writing at any time, except to the extent that Wyandot BHN Inc. has already taken action in the reliance on it. Only the information specified can be released to only the specified person/agency. Information used or disclosed under the Authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability Act Privacy Rule (45 C.F.R. Part 164) and the Privacy Act of 1974 (5 U.S.C. 552a). Wyandot BHN Inc. cannot ensure the recipient will maintain confidentiality of this information I have authorized to be released.

Signatures

Printed Name of Client/Parent/Guardian/Representative:

Relationship to Client:

Signature of Client/Parent/Guardian/Representative:

Date:

Signature of Youth (Required if age 14 or older)

If the client is 14 or older and receiving outpatient mental health services under K.S.A. 65-5602, the client's signature is required to authorize release of these records, even to a parent or legal guardian.

Signature:

Date:

Signature of Witness:

Date:

I consent to my WBHN provider witnessing this document

Initials: _____

I consent to and I acknowledge that sensitive information regarding alcohol/drug abuse treatment/referrals, sexually transmitted diseases, mental health information and/or HIV/AIDS treatment or status could be included in your record and may be disclosed as a result of your execution of this authorization.

Initials: _____

Notice to Recipient: Prohibition of Redislosure

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to the appropriate state or local authorities. (See 42 U. S. C. 290dd-3 and 42 U. S. C. 290ee-3 and Title 42 Code of Federal Regulations). Federal regulations (42 C.F.R. Part 2) prohibit you from making any further disclosure of these records without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. 42 C.F.R Part 2 restricts use of substance abuse information to criminally investigate or prosecute any alcohol or drug abuse patient.

Internal Use Only

Select all that apply:

- File Send Records Get Records