Rimrock

Authorization for Use or Disclosure of Protected Health Information

I,			
with and disclose to one another my protecte			,
Name of Person or Organization:		P	Relationship:
Organization Contact Name:			
Address:			
City, State, Zip:			
Phone:	Fax:	Email:	
	INFORMATION TO BE I	<u>DISCLOSED</u>	
☐ Family Week Participation ☐ Court Referral ☐ DUI Evaluation Report ☐ Progress/Compliance Reports ☐ Assessment/Recommendations ☐		reatment Summary ory & Reports acilitate payment	FMLA/Short-Term Disability Drug & Alcohol Testing Cost of Treatment Services Provided Entire Treatment Record Education Records including IE Admission/Completion Letter
	PURPOSE OF DISCL	<u>OSURE</u>	
□ Facilitate Diagnosis/Treatment □ Coordinate Care □ Communicate with Family □ Comply with Probation/Parole Condition □ Other (specify):	Facilitate Admiss Provide Informat Investigation of C	ion	
I understand that my drug and/or alcohol tre Alcohol and Drug Abuse Patient Records, 42 (and Accountability Act of 1996 (HIPAA), 4! authorization unless otherwise provided for b	C.F.R. Part 2, and my health i 5 C.F.R. Part 160 and 164.	nformation is protected by	the Health Insurance Portability
I understand that I may revoke this authoriza reliance on it.	tion at any time by notifying	Rimrock, except to the ext	tent that action has been taken in
This authorization expires on:authorization expires).		(specify date, ever	nt, or condition upon which this
I understand that I might be denied services operations. I will not be denied services if I authorization and have received a copy of it.			
Method of Disclosure: □phone □mail	□email □fax □in pers	son 🗖 other:	
Client Signature	Date	Parent/Guardian	Date
Witness Signature	Date	Personal Representative	Date
CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PAT		Describe authority to sign	n on behalf of the client:

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 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.

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