**Release of Information**

I, Click or tap here to enter text.(Your Name), authorize Mary Powell, LPC to exchange with,

disclose to, or obtain from Click or tap here to enter text.(person to whom information will be

exchanged with, disclosed to or obtained from) for the purpose of treatment planning, assessment, and care

coordination.

This information maybe in written, verbal, or electronic formats and may include the following:

**Diagnostic Information, Social History, Legal Status/ History, Substance Use Information, Infectious Disease Information, Progress Toward Treatment Goals**.

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it.

Unless I revoke my consent earlier, this consent will expire automatically as follows: one year from the date of my signing.

[date, event, or condition upon which consent will expire, which must be no longer than reasonably necessary to serve the purpose of this consent]

I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Upon my request, I will be provided a copy of this form.

(Please sign directly below to authorize the release of information)

Dated: Click or tap here to enter text. Signature of Client: Click or tap here to enter text.

This release may be revoked at any time by the client:

Date revoked: Click or tap here to enter text. Staff initials: Click or tap here to enter text.(Only sign here if you are revoking the release of information).

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 information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed 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 (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.