CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, ____ , ____/____/____
(Name of Client) Date of Birth

authorize Prairie Ridge Addiction Treatment Services to disclose to:

____
(Name of person or organization to which disclosure is to be made)

the following information. (Please complete ALL categories below with either a Y-Yes or N-No):

Y My name/Other personal identifying information
___ Placement Screening/Assessment/Recommendations
___ Alcohol/Drug History
___ Summary of Treatment Plan/Progress/Compliance
___ Alcohol/Drug-Testing Results
Y My status as a Client at Prairie Ridge
___ Date of Admission
___ Duration of Involvement
___ Attendance at Indiv. Sessions/Groups
___ Date of Discharge/Discharge Summary
___ Other:_________________________

The purpose of the disclosures authorized in this consent is to: (Please complete ALL categories below with either a Y-Yes or N-No):

___ Facilitate significant other involvement in client's treatment and/or visitation.
___ Obtain corroboration of client's report of history and current behavior.
___ Coordination of treatment services with the above-named provider.
___ Facilitate legal representation regarding: ____
___ Other: ____

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse 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 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

90 days from date of this document or (Specify the date, event, or condition upon which this consent expires)

____/____/________ - ____

I understand that generally Prairie Ridge may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

____ ___________________________
Signature of Client Date

____ ___________________________
Signature of Witness Date

Prohibition on Redisclosure on Alcohol or Drug Treatment Information:
This notice accompanies a disclosure of information concerning a patient in alcohol/drug abuse treatment, made to you with the consent of such patient. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. 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 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Addiction Treatment Services
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