Department of Health And Human Services
Indian Health Service

Criminal Justice System Release of Information

I, _____, hereby voluntarily authorize the disclosure of my substance abuse treatment records.
(Name of Patient)

The substance abuse treatment information is to be disclosed by:

Name of Facility

Address

City/State

And is to be provided to:

Name of Facility

Address

City/State

Purpose of this disclosure (Initial):

_____ Further Medical Care
_____ Research
_____ Disability
_____ Attorney
_____ Personal Use
_____ Other (specify): _____
_____ After Care
_____ Insurance

The substance abuse treatment record information to be disclosed is (initial):

____ Only information related to: _____
____ Only the period of events from: _____
____ Other (specify: CHS, Billing, etc.): _____
____ Intake assessments: _____
____ Discharge summary: _____

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. Pts. 160 & 164. I also understand that I may revoke this consent 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: (Initial)

_____ When there has been a formal and effective termination or revocation of my release from confinement, probation, parole, or other proceeding under which I was mandated into treatment or:

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or other healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes. I have been provided a copy of this form.

Dated: _____ Patent Signature: _____

Signature of person signing form if not the patient: _____

Describe authority to sign on behalf of patient: _____

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.