

Consent for the Release of Information under 42 C.F.R. PART 2 Confidentiality of Substance Use Disorder Patient Records



I, _____ (client name) _____ (date of birth) hereby authorize BrightView, LLC to release/disclose the below information

Are you involved with the court system? (i.e.; Civil, Criminal, Probation, Child Protective Services)
Yes (skip to "for criminal justice patients only" section) No

Name of Person/Organization/Provider (to whom we are releasing information to): **Contact Information** (phone number, fax, email, if unknown add N/A)

For Criminal Justice Patients only

Judge: _____ Probation/Parole Authority (office/dept): _____
Defense Attorney: _____ Prosecuting Attorney: _____
Child Protective Services: _____ Other: _____
Contact information: Phone Number: _____ Fax: _____ Email: _____

Information to be disclosed: I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), mental health and substance use. I authorize the release or disclosure of the records below:

All records (i.e.; all categories of records below);

Or only the following specific types of records (check each category that apply):

| | | |
|-------------------------|-----------------------------|----------------------|
| Appointments | Discharge Summary | Medication(s)/dosing |
| Attendance | Insurance Information Lab | Referral Information |
| Clinical Assessments | Results | Toxicology Results |
| Clinical Progress Notes | Medical Progress Notes | Treatment Plan |
| Diagnosis | Psychiatric (medical) Notes | Other: _____ |

Date of information to be disclosed (if end date is current, write current as end date)

All dates of service Specific Dates (MM/DD/YYYY) start: _____ (MM/DD/YYYY) End: _____

Purpose of Disclosure

Continuity of Care Coordinating Treatment Legal Payments/Benefits Other _____

I understand that my substance use disorder patient records are protected under federal regulations 42 C.F.R. Part 2. Confidentiality of Substance Use Disorder Patient Records and cannot be disclosed without my written consent. I do not need to sign this form to obtain treatment. I may revoke this consent in writing at any time. I understand that the revocation will not be effective retroactively for information disclosures that have already occurred.

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

If not previously revoked, this consent will terminate:

in one year from the date of signature OR 90 days after discharge (whichever comes first); OR

Upon a specific date, event, or condition as listed here:

Patient's Signature: _____

Date: _____

Print Name: _____

Date of Birth (MM/DD/YY): _____

If the individual is unable to sign due to legal incapacity, the signature of the individual's personal representative is required. Documentation of the personal representative's legal authority must be attached.

Signature of Personal Representative: _____

Date (MM/DD/YYYY): _____

Print name: _____

Legal Authority: _____

By signing below, I am revoking this Consent for Release of Confidential Health Information Patient Revocation:

Patient's Signature _____

Date(MM/DD/YYYY): _____

Notice of Federal Requirements Regarding the Confidentiality of Substance Use Disorder Patient Information

The confidentiality of substance use disorder patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing; or
2. The disclosure is allowed by a court order accompanied by a subpoena; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; or
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

The releases of information will remain active and valid for one year from the date of signature OR until 90 days after discharge (whichever comes first) OR until a specific date, event, or condition as listed on the form. There are two ways to revoke a release of information: Come in to the BrightView facility where you were scheduled to receive treatment and sign the revocation, or fax in a written statement with your name, signature, date and release(s) you would like to be revoked.

(See 42 U.S.C. §290dd-2 for federal law and 42 C.F.R. Part 2 for federal regulations governing Confidentiality of Substance Use Disorder Patient Records.)