

YORK/ADAMS DRUG &ALCOHOL COMMISSION

CONSENT for RELEASE of INFORMATION

CLIENT NAME _____

TODAY's DATE: _____

CLIENT D.O.B. _____

S.S.N. _____ (The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is voluntary. The purpose of the request for your Social Security Number is for identity verification.)

I, _____, do hereby consent to and authorize
_____ to release the following information to:

It has been explained to me & I understand that the information released will be restricted to the following:

- Whether I am or am not in treatment
- My reported treatment prognosis
- The nature of the treatment project
- A brief description of my treatment progress
- A short statement as to whether I relapsed into drug or alcohol abuse while in treatment and the frequency of such relapse
- Other (specify) _____

Furthermore, it has been explained to me & I understand that the reason for the release of the information is solely for the purpose of:

- Providing treatment status reports;
- Coordinating treatment efforts;
- Coordination of and status report of my identified non-treatment needs;
- Coordination of funding efforts;
- Other (specify) _____

I understand that the information being disclosed is from records in which the contents are protected by Federal and State Confidentiality Regulations: 42 CFR Part 2 and 4 Pa. Code § 255.5. Federal Regulation 42 CFR, Part 2 prohibits any further disclosure, unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization of the release of medical or other information is not sufficient for this purpose.

I understand that I may revoke this consent at any time by notifying (verbally or in writing) the York/Adams D&A Commission, except to the extent that action has been taken in reliance of my consent AND/OR, when applicable, if I am a client of the criminal justice system in which there has been a formal action by a Judge or documentation that the DA is putting me on ARD AND where copies of the legal order that state I must be in treatment to continue under such a disposition are in my client record, then and only then, federal regulations 42 CFR Part 2, Subpart C, 2.35, stipulate that I cannot revoke the consent to release drug & alcohol treatment information to the criminal justice system until after the court stipulated condition has been met.

Furthermore, my signature indicates that I have been offered a signed copy of this document.

Client Signature

Date

Witness Signature

Date

Expiration Date with specific date, event, or conditions: _____

I accepted a copy of this document ; I declined a copy of this document