

BLAIR COUNTY DRUG AND ALCOHOL PROGRAM, INC. CONFIDENTIALITY

AUTHORIZATION TO RELEASE INFORMATION

Individual Name: _____

I hereby authorize:

Name of Organization, Person, or Title

At: _____
Address

to release the following information to:

Name of Organization, Person, or Title

At: _____
Address

for the purpose of funding and/or coordination of treatment and approval of care.

The information to be released is confined to the following and may be released in verbal or written format:
___ Liability Information _____
___ Funding _____
___ Other (Please Specify) _____

- I understand that this authorization is valid until I have completed treatment at above identified organization or ___365___ days (not to exceed 365 days).
- I understand that this authorization may be cancelled at any time by a verbal or written request unless I have been mandated into treatment as a result of a criminal proceeding. Information may have been previously released prior to the cancellation.
- I understand that I may refuse to sign this authorization; my refusal will not prevent me from receiving services; my refusal will prevent the treatment providers from sharing information that may be beneficial to my treatment.
- I have read and understand the intent of this authorization.
- I have been offered and accepted refused a copy of this form.

Individual's Signature

Witness to Signature

Date

Date

A copy of the Authorization shall be deemed valid as original. To be valid, this Authorization must be signed and dated.

PROHIBITION OF REDISCLOSURE: The information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations prohibit you from making any further disclosures of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is NOT sufficient for this purpose. Federal rules do not allow any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.