



The Spirit of Recovery

ST Joseph's
ADDICTION TREATMENT
& RECOVERY CENTERS

ST. JOSEPH'S ADDICTION TREATMENT & RECOVERY CENTERS COL. C.
DAVID MERKEL, MD VETERANS' INTENSIVE RESIDENTIAL PROGRAM
2-WAY CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Please provide client a copy

Referral Source

CS#	
DOB	

I, _____, hereby authorize and consent to communication
(Full Name of Client)

BETWEEN ST. JOSEPH'S ADDICTION TREATMENT & RECOVERY CENTERS and

(AGENCY NAME, FULL ADDRESS & PHONE NUMBER)

(or his/her successors)

(Name & Title of a Contact Person)

The extent of information to be disclosed or re-disclosed Identifying data; pre-admission screening information; medical history, physical, laboratory and radiology results; biopsychosocial evaluation; psychiatric evaluation, consultations and notes; diagnosis; treatment; progress; discharge and continuing care

The purpose of the disclosure or re-disclosure authorized herein is to: Coordinate admission, treatment and continuing care efforts.

I understand that my 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 (AHIPAA), 45 C.F.R. Pts. 160 and 164 and cannot be disclosed or re-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 six (6) months following the conclusion of services at ST. JOSEPH'S ADDICTION TREATMENT & RECOVERY CENTERS. I understand that I have a right to inspect and to obtain a copy of any information disclosed or re-disclosed pursuant to this authorization. I understand that generally ST. JOSEPH'S ADDICTION TREATMENT & RECOVERY CENTERS 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.

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Signature of Client

Date

rev 03/14