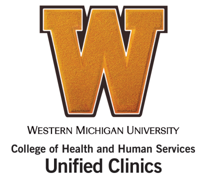

BEHAVIORAL HEALTH SERVICES

1000 Oakland Dr., 3rd Floor

Kalamazoo, MI 49008

AUTHORIZATION FOR USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

I, ______________________________, hereby authorize the Behavioral Health Services to exchange healthcare information with:

Name and address of person(s) or organizations(s):

____

____

____

The following information: (Nature and amount of information to be disclosed; as limited as possible)

____

____

The purpose of this disclosure is: (be specific as possible) ______________________________________

____

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, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time in writing to the Privacy Component Officer at the Unified Clinics, 1000 Oakland Dr. 3rd floor, Kalamazoo, MI 49008, except to the extent that action has been taken in reliance on it. This consent expires automatically as follows: ____

(Specification of the date, event or condition upon which this authorization expires)

I agree to allow the exchange of information through secure electronic messaging (email) with the party/organization indicated on this release of information document. I understand there is some risk that protected health information contained in an email may be disclosed to, or intercepted by, unauthorized third parties.

I understand that generally the Behavioral Health Services 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.

I understand that I have a right to receive a copy of this Authorization after it has been signed.

____ ________________________

Client's Signature Date

____ ________________________

Witness Date

Rev 8.6.14 LH