

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize The Gate House _____
(Name of Client)

to disclose to _____ the following information:
(Name of Individual and Organization)

- (a) Presence in Treatment
- (b) Demographic Information
- (c) Medications Prescribed
- (d) Nature of Project
- (b) Brief Description of Progress
- (e) History & Physical
- (f) Discharge Summary
- (g) Aftercare
- (h) Prognosis
- Nature of Emergency
- (i) Urinalysis
- (d) Biopsychosocial
- (h) Follow Up
- (a) Whether or not client has relapse into active use

The purpose of the disclosure is to authorize communication pertaining to: (check all that apply)

- (a) Chemical dependency treatment.
- (b) Criminal justice system reporting requirements
- (c) Physical/Mental Health
- (d) Legal Counsel
- (a) Family/Friend/Significant Other
- (a) Employer

(d) Obtaining the following benefits:

(g) Other:

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client 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 by the regulations. I understand that in general my treatment may not be conditioned upon 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 also understand that I may revoke this consent in writing or verbally 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 as follows:

Ex. Date

Client Signature

Date

Witness Signature

Date

Client () has accepted () has not accepted a copy of this form.