



Release of Information Authorization

I, (print name) _____, Date of birth: _____,
 Social Security #: _____, hereby authorize: Golden Willow Counseling
 (GWC) Intensive Outpatient Treatment Program to release to:

The information specified below; and do release GWC from any and all legal liabilities that may arise from the release of this information.

Information to be released:

- | | |
|---|--|
| <input type="checkbox"/> Compliance Reports | <input type="checkbox"/> Treatment Recommendations |
| <input type="checkbox"/> Assessment Report | <input type="checkbox"/> Treatment plan |
| <input type="checkbox"/> Client Staffing | <input type="checkbox"/> Discharge Summary |

Shared communication may be: in person by phone by mail by e-mail

Other: _____ Other: _____

Purpose of release: To Determine Level of Care

Continuity of care

Other: _____

I understand that information regarding my alcohol and / or drug treatment is protected by federal law under the Drug Abuse Prevention, Treatment, and Rehabilitations Act and the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and their implementing regulations. See generally 42 C.F.R. Part 2; 45 C.F.R. Parts 160, 164. I understand that my health information specified above will be disclosed pursuant to this authorization, that the recipient of the information may re-disclose the information and it may no longer be protected by federal law under HIPAA. Federal law governing confidentiality of alcohol and drug abuse patient information noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program. I 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 this consent will expire in one (1) year unless otherwise specified below:

Specify the date, event or condition upon which this consent expires:

Authorizing Signature: _____ Date: _____

Witness: _____ Date: _____