

Seattle Counseling Service

CONSENT FOR THE RELEASE/REQUEST OF CONFIDENTIAL INFORMATION

I, _____, _____/_____/_____,
Client's Full Legal Name *Date of Birth (MM/DD/YYYY)*

of _____
Client's Street Address *City* *State* *ZIP*

authorize Seattle Counseling Service, 2033 6th Ave, Ste 400, Seattle, WA 98121 (206-323-1768; f: 206-323-2184) to:

_____ release information to _____ obtain information from _____ mutual exchange of information

for: **Emergency Contact** **Probation/Court** **PCP/Medical Provider** **Self** _____

Contact Name or Organization *Phone #* *Fax #*

Relationship to Client or Organization Address

The following must be completed:

The following specific information and/or records are requested for coordination of care:

- | | | |
|--|---|--|
| <input type="checkbox"/> Assessment results | <input type="checkbox"/> Attendance & Participation | <input type="checkbox"/> Discharge summary/plan |
| <input type="checkbox"/> Mental Health and Psychiatric Records | <input type="checkbox"/> Ongoing concerns | <input type="checkbox"/> Substance Use Records |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Treatment recommendations |
| <input type="checkbox"/> UA/Test Results | <input type="checkbox"/> Other (specify): _____ | |

The purpose of this disclosure is to:

- Coordination of care
 Coordinate information about treatment related to legal obligations
 Coordinate information with physician &/or other medical provider to coordinate services
 Coordinate information in case of an emergency and/or to leave a message on a shared number
 Other (specify): _____

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing the Confidentiality of Alcohol and Drug Abuse Client Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that my express consent is required to release my health care information relating to testing, diagnosis, and/or treatment for HIV, sexually transmitted diseases, mental health, or drug and/or alcohol use. If I have been tested, diagnosed, or treated for HIV, sexually transmitted disease, mental health, or drug/alcohol use, the above mentioned entity is specifically authorized to release all health care information relating to such diagnosis, testing, or treatment.

I further acknowledge that the use of this information was explained to me and is given voluntarily by me and of my own free will. I understand that I may revoke this consent 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: **(one of the two options below must be completed)**

When client has been exited from treatment or other: _____
(Specification of the date, event, or condition upon which this consent expires)

Date: _____ Signature of Client: _____
Signature of person signing form if not client: _____
Describe authority to sign on behalf of client: _____

Notice Prohibiting Redisclosure of Alcohol or Drug Treatment Information Prohibition on Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules, 42 Code of Federal Regulations (CFR), Part 2. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.