SAMARITAN RECOVERY COMMUNITY, INC.

AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name	Date of Birth	Client ID #

I hereby authorize **Samaritan Recovery Community, Inc.** to release/exchange information with:

Name	Relationship	Phone		Fax
Address	City	State	Zip	

I authorize the release of the following information:

- ☐ Substance Abuse Diagnosis
- ☐ Psychiatric Diagnosis
- ☐ Medical Diagnosis
- ☐ Brief Mental Health History
- ☐ List of Currently Prescribed Medications
- ☐ Medical Clearance and/or physical Limitations
- ☐ Psychosocial History Data
- ☐ Other
- ☐ Verification of Admission/Transfer/Discharge dates
- ☐ Reports on Progress/Lack of Progress in Treatment
- ☐ Aftercare Plan and Attendance
- ☐ Discharge Summary
- ☐ Toxicological Reports/Drug Screens
- ☐ Assessments
- ☐ Treatment Plans

The purpose of this exchange of information is:

- ☐ To Secure alcohol and Drug Treatment
- ☐ To Secure Appropriate Medical Treatment
- ☐ To Secure Appropriate Psychiatric Treatment
- ☐ To Assist in Treatment Planning
- ☐ Other

Form(s) in which this information may be released/exchanged:

☐ Verbal ☐ Written/Photocopies ☐ Electronic ☐ Fax

- This consent for release of information is given freely, voluntarily, and without coercion.
- I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42-CFR, part 2 and the Health Insurance Portability Accountability Act of 1996 ("HIPAA"), 45-CFR, parts 160 & 164, and **no information may be re-disclosed** by either party to any other individual or agency unless by my written consent.
- I also understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on the release and that this consent automatically expires at the end of one year.
- I understand that generally, Samaritan Recovery Community, Inc. may not condition my treatment on whether or not I sign a consent form, but in limited circumstances I may be denied treatment if I do not sign a consent.
- I understand I have a right to a copy of this consent after I sign it.

Client Signature _______________ Date _______________

Signature of Guardian or Authorized Representative (if required) _______________ Date _______________