



<b>Policy Name:</b>	<b>Release of Information (Form Enclosed)</b>	<b>Date Revised:</b>	<b>9/2017</b>
<b>Purpose:</b>	<b>Documentation to Facilitate Release of Information</b>	<b>Board Approval:</b>	<b>9/2017</b>

**AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, hereby authorize my protected health information (PHI) to be exchanged between Greater New Beginnings and the party below:

\_\_\_\_\_  
(Name/Entity, Address, Phone Number)

**FOR THE PURPOSE OF:**

Coordinating care AND/OR  Other: \_\_\_\_\_

**PROTECTED HEALTH INFORMATION (PHI) TO BE USED OR DISCLOSED:**

**SPECIFIC TYPE OF INFORMATION:**

- Mental Health and Behavioral Health
- Alcohol and/or Drug Abuse Treatment
- HIV/AIDS and other Communicable Diseases
- Education Records
- Medical Records
- Judicial Record
- Other: \_\_\_\_\_

**GENERAL USES AND DISCLOSURES:**

- All of the above information in my record for all dates of service
- All of the above information in my record for the time period: \_\_\_\_\_ to \_\_\_\_\_
- All of the above information in my record for the treatment of: \_\_\_\_\_

Unless I revoke this authorization earlier, it will expire on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client or Authorized Representative

\_\_\_\_\_  
Relationship (if applicable)

**YOUR RIGHTS:**

Greater New Beginnings will not condition my treatment on my signing this authorization form. Greater New Beginnings. will not deny me treatment if I do not wish to sign this form. I may refuse to sign this authorization form. I understand that if I refuse to sign this authorization form, it may result in denial of coverage for claim of benefits, or other adverse consequences.

I understand that if this information is disclosed to a third party, the information may no longer be protected by the federal privacy regulations and may be re-disclosed by the person or organization that receives the information.

This release may be revoked at any time in writing subject to the right of any person who acted in reliance upon this authorization prior to receiving notice of revocation. Revocation forms are available from the Compliance Officer at Greater New Beginnings. A copy of this form is available to the signer upon request.