Authorization to Disclose/Use Protected Health Information

Client Name: (please print):

Other names used in treatment, if any:

**I voluntarily authorize Base Behavioral Health to disclose/use mental health, alcohol and drug information to, and receive mental health, alcohol and drug information from:**

Name: Attention:

Address: Phone:

City-State, Zip: Fax:

**Initial all types of information to be disclosed to above party:**

\_\_\_\_\_ (Initial) To verify treatment dates/discharge status

\_\_\_\_\_ (Initial) Evaluation and recommendations

\_\_\_\_\_ (Initial) Progress notes

\_\_\_\_\_ (Initial) Attendance

\_\_\_\_\_ (Initial) Progress in treatment/Treatment compliance

\_\_\_\_\_ (Initial) Follow up to locate me

\_\_\_\_\_ (Initial) Other:

**Purpose for the disclosure of the above information authorized herein is to: (Initial)**

\_\_\_\_\_ (Initial) Coordination of care

I understand that:

**I understand that I do not need to sign this consent. If I refuse to sign this, it will not prevent me from getting treatment. The only exception is if the services I am seeking are only for providing health information to someone else and this consent is needed to make the disclosure.**

**I understand that I may revoke my consent at any time. If I revoke this authorization, the information described may no longer be used or disclosed. To revoke this authorization, please send a written statement to Base Behavioral Health or please call Base Behavioral health and state that you are orally revoking this authorization.**

I have read and understand this consent:

Client Signature: Date:

Therapist: Date:

If not previously revoked, this consent will terminate upon: (specific date, event, or condition)

Event expiration: 90 days after Completion of therapy and/or payment in full for services provided. \_\_\_\_ (initial)

**This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part** [**2**](https://www.law.cornell.edu/cfr/text/42/2)**). 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**](https://www.law.cornell.edu/cfr/text/42/2)**. 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 patient.**