Authorization for Release of Confidential Information

Name: _____ **Date of birth:**_____ **Last 4 of social:** _____	I hereby authorize: **Acceptance Recovery Center** **P.O. Box 6693** **Athens, GA 30604**
Purpose(s) for the Use *and/or* Disclosure of Protected Health Information is (please check all that apply): ☐ Continuity of Care ☐ Legal Request ☐ Family ☐ Employment ☐ ALL OF THE ABOVE ☐ Other:_____	To provide to and to receive from: ☐ Facility: _____ or ☐ Individual: _____ **Relationship**_____ **Phone**_____ **Address**_____ **City/State/Zip**_____

Information to be disclosed includes (check all information to be released)

☐ Recovery Planning ☐ History/Physical ☐ Psychiatric Evaluation ☐ Diagnostic Report ☐ Psychosocial	☐ Physicians Orders ☐ Progress Notes ☐ Medication Sheet ☐ Discharge Summary ☐ Complete Clinical Records	☐ Financial ☐ ALL OF THE ABOVE ☐ Other ☐ Specify:_____ _____

This release will remain in effect for the duration of program participation and 6 months post-discharge unless otherwise rescinded.

_____ _____
Client Signature **Date**

_____ _____
Staff's Signature **Date**

To Rescind: I hereby rescind this consent to release information regarding my care as provided in this Authorization.

_____ _____
Client Signature **Date**

THE HIPAA PRIVACY RULES REQUIRE COVERED ENTITIES TO SAFEGUARD PROTECTED HEALTH INFORMATION (PHI) RELATED TO A PERSON'S HEALTH CARE. INFORMATION BEING SENT TO YOU MAY INCLUDE PHI, AFTER APPROPRIATE CONSENT, ACKNOWLEDGEMENT, OR AUTHORIZATION FROM THE PATIENT OR UNDER CIRCUMSTANCES THAT DO REQUIRE PATIENT AUTHORIZATION. YOU, THE RECIPIENT, ARE OBLIGATED TO MAINTAIN PHI IN A SAFE AND SECURE MANNER. YOU MAY NOT RE-DISCLOSE THIS PATIENT INFORMATION WITHOUT ADDITIONAL PATIENT CONSENT OR AS REQUIRED BY LAW. UNAUTHORIZED RE-DISCLOSURE OR FAILURE TO SAFEGUARD PHI COULD SUBJECT US, OR YOU, TO PENALTIES DESCRIBED IN FEDERAL (HIPAA) AND STATE LAW. IF YOU, THE READER OF THIS MESSAGE, ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, PLEASE NOTIFY ARC IMMEDIATELY AND DESTROY THE RELATED MESSAGE. THANK YOU.