

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
Interior AIDS Association's Interior Medication Assisted Treatment

I, _____ authorize the **IAA's Interior**
(patient's name)

Medication Assisted Treatment to exchange with _____ the

following information: (**please initial** that you understand the following info could be communicated):

- | | |
|--|---|
| _____ My name and other personal identifying information | _____ Name of agency where I received treatment |
| _____ My status as a patient in alcohol and/or drug treatment | _____ Assessment/evaluation results |
| _____ Attendance and compliance with treatments | _____ Other, must be specific _____ |
| _____ Recommendations for further treatment services | |
| _____ Discharge plan/summaries to include discharge dates and status | |

The purpose of this exchange, authorized by this consent, is to provide information to facilitate continuing substance abuse education/treatment OR _____.

THIS RELEASE EXPIRES ON _____
Date (no longer than 90 days from signature)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. Pts 160 & 164 and **cannot be disclosed without my written consent unless otherwise provided for in the regulations.** 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 in 90 days. I understand that if I choose to revoke this consent the revocation must be in writing.

I understand that generally the IMAT may not condition my treatment on whether I sign this consent form, but in certain limited circumstances I may be denied treatment and/or services if I do not sign the consent form.

Information will be shared by: _____ phone _____ fax _____ US Mail _____ email
(Consumer must initial)

Consumer signature Date

Parent, guardian, or WITNESS signature Date

REVOKE CONSENT

Consumer signature Date