

Green House Group, PA

Psychotherapy and Consultation

250 Commercial Street, Suite 3004 * Manchester, NH 03101 * (603) 668-3050 * Fax (603) 668-8666

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

_____ DOB: _____ gives permission to _____

[Client Name]

[Clinician Name]

to release to / obtain from _____.

[Name/Address/Telephone/Fax of Person, Facility or Organization]

the following information:

- A complete copy of my medical record, including psychological evaluations and psychotherapy notes
- Alcohol/drug abuse history (42 CFR, part 2)*
- Infectious disease status, including HIV (NH RSA 141-F8)
- Court testimony, if requested
- Only the following specific information:
- Other:

Purpose of Release: Treatment coordination / Other: _____

Methods of Release (circle one or more): **Verbal** **Written** **Fax**

Release Expiration (specific date, event or condition): _____

I have the right to revoke this authorization, in writing, at any time. However, my revocation will not affect information already released prior to the revocation, or, if this authorization was given to obtain insurance coverage and the insurer has a legal right to contest the claim. I understand that any information used or disclosed by this authorization may be subject to re-disclosure by the recipient of that information, and thus may no longer be protected by the HIPAA Privacy Rule.

Client Signature

Parent/Guardian Signature

Signatory's Printed Name

Date

If this is signed by someone other than the client, describe the nature of your authority to act on the client's behalf (e.g., "Parent"):

***Notice to Person/Organization Receiving Alcohol/Drug Abuse Information:**

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR, Part 2). The federal rules prohibit you from making 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. 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.