

Release of Information

42 CFR – Part 2 and 45 CFR Parts 160 and 164 RECORDS RELEASE AUTHORIZATION

I, _____ hereby give
(Name of Client)

Permission to: Prevention Resources (PR) Early Intervention Program
(Name of Clinic which is to make disclosure)

To release from my files the following information:

General Information
(Extent or Nature of Information to be disclosed)

This information is to be released to:

School Official(s), School Personnel (ie: SAC, SRO) and Parents/Guardians
(Name or Title of Person or Organization to Which the Disclosure is to be made)

Parent(s)/Guardian(s)
(Name or Title of Person or Organization to Which the Disclosure is to be made)

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X _____
SIGNATURE OF CLIENT DATE

X _____
SIGNATURE OF PRERSON AUTHORIZED BY LAW TO GIVE CONSENT DATE

X _____
SIGNATURE OF WITNESS DATE

The within information is disclosed to you from records whose confidentiality is protected by Federal law. Federal Regulations (42 CFR-Part 2 AND 45 CFR Parts 160 & 164) prohibit you from making further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. 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 client.

THIS RELEASE FORM COMPORTS WITH REQUIRMENTS OF HIPAA PRIVACY RULE REGUALTIONS AT 45 CFR PARTS 160 & 164