

MACOMB COUNTY COMMUNITY MENTAL HEALTH

DOCUMENTATION FOR RELEASE OF CONSUMER INFORMATION

NOT REQUIRING AUTHORIZATION

CONSUMER NAME: _____ CASE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

1. Release of information is authorized to:

(name of individual, clinic, agency, hospital, school, or other -- provide complete address below)

2. The claimed purpose for which the information is sought: _____

3. Description of information authorized for release:

- [] a. complete provider clinical record
or
[] b. date range(s) authorized for release -- from _____ to _____
[] c. statement of specific problems or disabilities (including reports on testing) and special needs
[] d. plan of service / diagnosis / prognosis / treatment needs / goals / progress notes
[] e. psycho-social history summary / treatment summary / discharge summary
[] f. other (specify the subsection of the Mental Health Code, Public Health Code, 42 CFR Part 2, or other state/federal law or regulation which permits disclosure)

4. MCCMH has determined that the information sought is germane to the purpose indicated above for the following reasons:

- [] a. application for consumer benefits accruing to the Board or its agencies
[] b. research / evaluation / accreditation
[] c. action required based on substantial probability of harm to consumer or others
[] d. pursuant to legal action (court order or subpoena)
[] e. other (specify) _____

5. If initialed, authorization is provided for release of specific protected information if contained in the record. List the names(s) of the disease(s).

- _____ a. information pertaining to a communicable disease or a serious communicable disease (e.g. HIV, AIDS, ARC)

_____ b. drug abuse treatment and/or alcohol abuse treatment information.

6. Basis in law (Mental Health Code, Public Health Code, 42 CFR Part 2, or other law) under which disclosure is made:

- [] a. compelling need based on substantial probability of harm to consumer or others
[] b. pursuant to court order or subpoena issued by a court of record
[] c. to Protection and Advocacy Service regarding complaint from/on behalf of consumer
[] d. to Michigan Department of Health and Human Services to enable it to discharge a responsibility placed on it by law
[] e. to Auditor General regarding a discharge of its responsibilities
[] f. to a prosecuting attorney regarding a proceeding governed by the Mental Health Code
[] g. to the consumer's surviving spouse or most closely related relative regarding benefits
[] h. to medical personnel who have a need for information to treat a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention
[] i. pursuant to PATRIOT Act/FISA court orders
[] j. to comply with other law (specify) _____

7. Authorized by: _____
Signature / Title Clinical Records Office / Program Date

IF ALCOHOL OR DRUG ABUSE TREATMENT INFORMATION IS RELEASED: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 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 otherwise permitted by 42 CFR Part 2. FOR ANY RELEASED CONFIDENTIAL INFORMATION: Pursuant to MCL 330.748(3), the individual or organization in receipt of this confidential information shall re-disclose this information to others only to the extent consistent with the authorized purpose for which the information was obtained.

FOR MCCMH USE ONLY:

Authorization: [] Internally initiated release [] externally initiated release
Confirmation of notice of confidentiality provided on releases to external parties (check if yes) []
"COPY" stamped on each page of each released document? (yes) []
Deletions made based on detriment to the consumer or others? [] yes [] no / not applicable (If yes, attach description to original release)
Program logged this release? _____ Initials: _____

