MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE FUNDED SERVICES

Client Name:_____________________________ SS#_______________________

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, ____, authorize
(Name of Client)

Macomb County Access Center,
(Access & Referral Agency)
and

Macomb County Office of Substance Abuse (MCOSA),
(Funding Agency)
and

____,
(Current Treating Agency)

and

Clearview, Clinton Counseling Center, Community Programs, Inc., Eastwood Clinic, Sacred Heart, Turning Point, Kairos Healthcare
(Intensive Treatment Agency)

to communicate with and disclose to one another the following information:
My name and other personal identifying information; my status as a consumer at any of the agencies listed above; my Change in Level of Treatment information; initial and subsequent evaluations of my service needs; alcohol/drug and mental health recommendations and rational for referral(s); summary of treatment progress and compliance; appointments scheduled and attendance; discharge plan and discharge status; drug/alcohol testing results; other: ______
____.

The purpose of the disclosures authorized in this consent is, per my request, to provide these agencies with the information they need to: determine my readiness and/or ability to participate in treatment, and arrange/authorize appropriate treatment to meet my needs.

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 (HIPAA), 45CFR Pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also 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 as follows: **six months from date signed.**

I understand that the program may not condition treatment on whether I sign this authorization, unless otherwise allowed by law. I am entitled to receive a copy of this authorization after it is signed.

Dated:___________________ ____________________________________
Signature of Client

____
Signature of Parent, guardian or authorized representative when required