Release of Information (ROI) for Substance Use Disorder (SUD) Services

LIVENGRIN
Building Recovery Together Since 1966

I, _____, hereby authorize **Livengrin Foundation, Inc** to release to:
Patient name Date of birth Provider/Organization

Patient Information:

_____
_____
_____
_____

Person/Organization Information is to be released to:

_____
_____
_____
_____

To disclose the following information: (nature of the information, as limited as possible)
Initial *each category that applies:*

___ Presence/Participation in Treatment Letter
___ Level of Care Assessment
___ History & Physical
___ Lab Results
___ Drug Screens
___ Continuing Care Plan
___ Treatment Plan Summary
___ Discharge Summary
___ Nursing Assessment
___ Other: _____

***Please note: Any consent that lists "all records" or "entire chart" are invalid. Requests for records must list exactly what information is being requested.**

Purpose of this release: (enter reason, i.e., legal issues, coordination of services, payment of services, continuing care, etc.)
To authorize the release of information for the purpose of coordinating care, ensuring appropriate services, and fulfilling legal, insurance, or employer requirements.

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 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 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:
This consent will expire one year from the signature date.

_____ _____
Signature of patient Date

_____ _____
Signature of parent, guardian, or authorized representative (when required) Date

Notice Prohibiting Redisclosure of Alcohol or Drug Treatment Information

Prohibition on Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules, 42 Code of Federal Regulations (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 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.