

RELEASE OF INFORMATION FORM

I give permission to StarPoint Healthcare Group to disclose information and/or obtain information (written, photocopy, verbal) regarding:

___ My entire record; or only the following information: (client must initial each item to be released/obtained)

- ___ Substance Abuse Evaluation ___ Mental-Nervous Evaluation
___ Treatment Plan ___ Expected Length of Treatment
___ Treatment Recommendations ___ Diagnosis/Assessment
___ Progress report of my treatment ___ Name of new treatment provider
___ Other

I understand that my records may contain protected information regarding diagnosis and/or treatment of HIV (AIDS virus) or other sexually transmitted diseases and drug/alcohol diagnosis and/or treatment.

Regarding HIV (AIDS virus) information, I give consent to release this information. (client's initials)___

Regarding drugs and/or alcohol, I give consent to release this information. (client's initials)___

The purpose of this disclosure is to permit continuity of care and to permit case management. I understand this authorization will remain in force for a period of one year from the date of my signature unless earlier revoked by me, except to the extent that StarPoint has already taken action in reliance on it. I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. I understand I have the right to receive a copy of this authorization form. I also understand that upon my written request, StarPoint must provide me a record of any subsequent disclosures made for legal, administrative, or quality assurance purposes. I understand that this information will be provided to my Health Plan Administrator for health care plan operation and claims payment even if I do not sign this release.

Signature of Client

Signature of parent, guardian, conservator, Or authorized representative (when required)

Date

Witness

Notice to recipient of information

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless 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.