Bridge to Wellness Centers LLC Consent for the Release of Information under 42 C.F.R. PART 2 Confidentiality of Substance Use Disorder Patient Records

I.		author	rize			
I,(Name of pat	ent)		(Nam	ne of provider/o	orgnization)	
sexually transmitted of	liseases, acquired i	immunodeficiency syr	ndrome (AIDS	5), or human im	ay include information relating to nmunodeficiency virus (HIV), use disorder records below:	
All my substance u	se disorder records	5;				
or only the following s	pecific types of rec	ords				
□Attendance □Te	oxicology Results	□Medication(s)/dos	sing □Ass	essments	□Progress in Treatment	
Treatment plan	Lab results	ppointments Diagn	ostic informat	tion □Insura	ince info/demographics	
Discharge Summar	y 🗆 Substance Use	e History 🛛 Trauma H	listory Summa	ary □Other:		
To:						
To:(Name of pers	on or organization	to which disclosure is	to be made)			
Phone:			Eax:			
					/benefits administration	
□ Other:						
not need to sign this revocation will not be revoked, this consent	form to obtain treat e effective retroact will terminate eithe	tment. I may revoke vively for information er:	this consent disclosures th	in writing at a hat have alrea	vithout my written consent. I do ny time. I understand that the ady occurred. If not previously	
 in one year from the date of signature OR 90 days after discharge (whichever comes first); <u>OR</u> upon a specific date, event, or condition as listed here: (Specific date, event or condition) 						
			(S	specific date, e	event or condition)	
Patient's Signature:	in en enly the min	or can sign this cor		Date:		
in the patient is a fr	mor, only the mir	for can sign this cor	isent.			
Print Name		Date	of Birth (MM/I	DD/YY)	Medical Record Number	
		e to legal incapacity, conal representative's			dual's personal representative ached.	
Signature of Personal Representative: Date: Date:						
By signing below,	l am revoking this	s Consent for the Re	elease of Cor	nfidential Hea	Ith Information.	
Patient Revocati	Patient Revocation:		Date:			
	NO	TICE TO RECIPIEN	NT OF INFO	RMATION		
42 CI	-R part 2 proł	nibits unauthori	ized disclo	osure of th	nese records.	
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Notice of Federal Requirements Regarding the Confidentiality of Substance Use Disorder Patient Information

The confidentiality of substance use disorder patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser <u>unless</u>:

- 1. The patient consents in writing; or
- 2. The disclosure is allowed by a court order accompanied by a subpoena; or
- 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; **or**
- 4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program,

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

The releases of information will remain active and valid for one year from the date of signature OR until 90 days after discharge (whichever comes first) OR until a specific date, event, or condition has been completed as listed on the form. How to revoke a release of information: You may revoke in person, you can fax or mail a written statement with your name, signature, date and release(s) you would lyou would like like to revoked.

(See 42 U.S.C. §290dd-2 for federal law and 42 C.F.R. Part 2 for federal regulations governing Confidentiality of Substance Use Disorder Patient Records.)