PROGRESSIVE
COUNSELING CENTER

CHECMICAL DEPENDENCY
AUTHORIZATION TO DISCLOSE CLIENT INFORMATION

CLIENT INFORMATION:

First Name _____Middle Initial_____ Last _____

SS#: _____/_____/_____ Date of Birth: _____/_____/_____ Phone Number: _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE:

Authorized Contact/ Organization: _____ **Phone:** _____

Address: _____ **Fax:** _____
_____

TO PROVIDE: Progressive Counseling Center
1025 Boardman-Canfield Rd.
Fax #: 330-629-2199
Youngstown, OH 44512

Purpose of Disclosure: □ to coordinate treatment □ to gather assessment information for treatment planning
□ to gather information for ongoing treatment □ other purpose (Specify) _____

Type of Information to be Disclosed: □ Progress Notes □ Diagnostic Assessment Information □ Progress in Treatment
□ Lab Results □ Urine Testing □ Attendance □ HIV/AIDS Status □ Pregnancy Testing □ Prenatal Care □ Diagnosis
□ Information on Mental Illness and/or treatment □ Other Information (Specify)_____

Amount of Information to be Disclosed: □ Information Covering the Previous Three Months □ Information Covering the Most Recent Admission □ Other Amount of Information (Specify)_____

_____
Signature of Client or Other Person Authorized to Permit Disclosure Date Time

_____
Signature of Staff or Witness Date Time

Revocation: This authorization is subject to written revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.

I hereby revoke this consent:_____
Clients Signature Date Time

_____
Signature and Date of Staff or Witness Date Time

This Authorization Expires (Specify event, date or other condition)_____

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by federal confidentiality rules. 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 C.F.R., 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 information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 [HIPPA], 45 C.F.R., parts 160 and 164. [These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.]

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