RAVENWOOD HEALTH
12557 Ravenwood Drive; Chardon, Ohio 44024
440-285-3568 FAX 440-285-4552

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Client Name:_____ DOB:_____ Today's Date:_____

The following **agency/program/provider(s)/supervisor** are authorized to ☐disclose,☐receive or ☐exchange information

List Agency/Program/Provider(s)/Supervisor_____

Address_____

Phone/Fax_____

Authorized Organization/Individual to Whom Disclosure is made: Ravenwood Health

List: Ravenwood Program/Provider(s) and Supervisor:_____

_____

Purpose of Disclosure: (check all those that apply)

☐ Coordinate treatment
☐ To gather information for ongoing treatment
☐ Gather assessment information for treatment planning
☐ Provide clinical recommendations
☐ Copy records and release them to authorized agency/program/provider(s)/supervisor
☐ Other purposes (specify):_____

Effective Dates of Authorization: _____

Type of information to be disclosed:

☐ Psychiatric Assessment	☐ Sexual Aggression Assessment	☐ Medications Prescribed
☐ Clinical Assessment Information	☐ Attendance in treatment	☐ Lab reports (including drug screen results)
☐ Diagnosis	☐ Progress Notes	☐ Progress in treatment
☐ Assessment Summary	☐ Financial Needs	☐ Educational Testing/Records
☐ Drug & Alcohol Assessment	☐ Court Testimony & Records	☐ Crisis Interventions
☐ Drug & Alcohol Family Information	☐ Medical History	☐ Discharge Summary/Plan
☐ Psychological Testing	☐ Hospitalization Records	☐ Risk Assessment
☐ Treatment Recommendations (including AoD)	☐ Other--specify	☐ HIV/Aids Related Diagnosis/Treatment

Amount of information to be disclosed:

☐ Information on most recent admission	☐ Other amount of information (Specify)

Approved method for sending records and communicating information:

☐ Fax
☐ Telephone
☐ Pick up
☐ Mail

_____ _____

Client Signature and Date

Parent and/or Guardian Signature and Date

Revocation: This authorization is subject to writing 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** consent in writing: _____ _____

Client Signature and Date

Witness Signature and Date

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 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 information to criminally investigate or prosecute any alcohol or drug abuse clients. Drug abuse patient records are also reported under Health Insurance Portability Act of 1996 (HIPAA), 45CFR, 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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This authorization, unless revoked earlier, expires on my formal termination from treatment at Ravenwood Health **not to exceed 180 days** after signing the release, whichever occurs first.

SUD Disclosure Statement:
Statement of Understanding: I (or other individual authorized to sign in lieu) confirm my understanding that, upon my request, I must be provided a list of entities to which information has been disclosed pursuant to the general designation.

I understand and acknowledge that the requested health information may contain information regarding physical and mental illness; HIV testing results or diagnosis; treatment of AIDS/AIDS-related conditions; and/or alcohol or drug abuse, all of which are protected under federal or state confidentiality regulations (42 CRF Part 2, 45 CFR Part 160 and 164, O.R.C. 3701.243, etc.) and these records cannot be re-disclosed without my written consent unless permitted by the regulations. I also understand that my mental health treatment records are protected by HIPAA but that if the recipient of my information is not subject to HIPAA, it may no longer be protected by state or federal law and therefore subject to re-disclosure to a third party

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