

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records, which may include HIV/AIDS information and other records indicating the presence of a communicable or non-communicable disease, maintained by this program is protected by Federal law and regulations. Information identifying a patient as an alcohol or drug abuser will not be disclosed by the person or organization that received it unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to a 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. If relevant, I also voluntarily authorize and request disclosure (including paper, oral and electronic interchange) of any mental health information. This includes specific permission to release all records and other information regarding mental health treatment, hospitalization and outpatient care.

Violation of the 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 suspect child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. Sec. 290dd-2 for Federal law and 42 CFR Part 2 for Federal regulations.)
Legal Action Center. (1996) Handbook on legal issues for school-based programs (Revised). pp. 71, 72, & 74. New York: Author.

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize **North Country Health Consortium** to disclose to **Blue Heron**

Neurofeedback and Counseling, LLC the following information for activities/services within the indicated date ranges:

The purpose of the disclosure authorized herein is to: **Release all records both electronic and paper.**

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 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 indicated with each disclosure item above. I understand that generally BDAS may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Participant name _____

Signature of participant _____ Date _____

Witness name _____

Signature of witness _____ Date _____

Signature of parent, guardian or authorized representative when required _____

(Supporting documentation is required for guardian or authorized representative)

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse 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 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.