



CHEMICAL DEPENDENCY/MENTAL HEALTH/
CRIMINAL JUSTICE SYSTEM MULTI-PARTY
AUTHORIZATION FOR RELEASE OF INFORMATION

Consent for the Release of Confidential Information about Mental Health and Alcohol or Drug Treatment

I, _____ and _____ authorize (1) The Department of Corrections

Form with four sections for provider information: (2) Mental Health Treatment Provider, (3) Alcohol or Drug Treatment Provider, (4) Designated Chemical Dependency Specialist (DCDS), and (5) other provider of information.

To communicate with and disclose to one another the following information (The client must initial each type of information authorized):

Section (1) Department of Corrections and (2) Mental Health Treatment. Lists various types of information to be disclosed with checkboxes.

Section (3) Chemical Dependency/Substance Abuse Treatment and (4) Designated Chemical Dependency Specialist (DCDS). Lists various types of information to be disclosed with checkboxes.

The purpose of the disclosures authorized in this consent is:

- (1) To improve public safety by allowing communication and multidisciplinary case management and release planning.
(2) To enable treatment providers to communicate continuing care plan referrals to the above agencies

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164.

There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated to treatment, or

(Specify other time when consent can be revoked and/or expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.

Signature and information fields: Signature of Offender/Client, Initials, Date, DOC Number, Date of Birth, Co-signature of Parent/Guardian if Offender/Client is under the age of 18.

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2 and 45 CFR Parts 160 and 164. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.