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CONSENT FOR THE RELEASE OF CONFIDENTIAL MENTAL HEALTH, ALCOHOL OR DRUG TREATMENT INFORMATION

Patient Name _____ Date of Birth _____

This authorization must be written, dated and signed by the client or by a person authorized by law to give authorization.

DrGmed, Inc may (please initial applicable):

_____ **OBTAIN** my healthcare information from: _____ **SEND** my healthcare information to:

Name/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

DrGmed, Inc may obtain and/or send the following health care information (**initial all that apply**). By initialing the spaces below, I specifically authorize the release of the following information:

_____ Diagnostic Assessments

_____ Treatment Summary/Impressions

_____ Number and Dates of Sessions

_____ Drug and Alcohol Treatment Information

_____ Psychotherapy Notes

_____ All Health Care Information

_____ Other (please specify) _____

The recipient understands this record may be voluminous and agrees to pay all reasonable charges associated with providing this record.

The purpose of the disclosure authorized herein is (check one):

☐ **Care Coordination and Treatment**

☐ **Other (please specify):** _____

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 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 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 in writing 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 follows:

(e.g. 6 months, 1 year, specific date or event) _____

Signature of Client/representative

Date

This notice accompanies a disclosure of information concerning a client that might be in alcohol/drug 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 C.F.R. 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 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.