

Session Information

Client: _____
 Staff: _____
 Document Date: _____
 Client Program: _____

ROI-General v3

I authorize: This Alcohol and Other Drug Treatment Provider

To Disclose to:

The following Information:

- | | | |
|--|---|---|
| <input type="checkbox"/> All Substance Use Treatment Records | <input type="checkbox"/> Attitude and Behavior | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> TX info-Adm/Assess, Attendance, DC Status, Progress | <input type="checkbox"/> Balance on Account | <input type="checkbox"/> Medications and Dosage |
| <input type="checkbox"/> Financial Info- Payments, Balance, Billing, Collection Status | <input type="checkbox"/> Billing Information | <input type="checkbox"/> Name, Address, Family, Education, Visitation |
| <input type="checkbox"/> Account Payments | <input type="checkbox"/> Birth/Medical History | <input type="checkbox"/> Drug Test Results |
| <input type="checkbox"/> Admission and Assessment Information | <input type="checkbox"/> Collection Status | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Completion and Discharge Information | |

Purpose of the Disclosure is:

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 C.F.R, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R, 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 already been taken in reliance on it, and that in any event this consent expires automatically as follows:

Expiration Date/Event/Condition:

Other:

I understand that, generally, this agency 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.

Information will be released in the following form:

- | | | |
|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> All of the Following | <input type="checkbox"/> Fax | <input type="checkbox"/> Video |
| <input type="checkbox"/> Audio | <input type="checkbox"/> Verbal | <input type="checkbox"/> Written |
| <input type="checkbox"/> Email* | | |

Signatures

Validation Issues:

Signature: