

FOCUS RESIDENTIAL GROUP LLC
AUTHORIZATION TO DISCLOSE CLIENT INFORMATION

Client Name: _____ Client ID: _____ Date of Birth: _____

The following program/s are authorized to: Disclose Receive or Exchange information as noted below:

FOCUS RESIDENTIAL GROUP, LLC

Program Authorized to make the disclosure

Authorized Individual/Organization to Whom Disclosure is Made

Purpose of Disclosure: to coordinate treatment to gather assessment information for treatment planning to gather information for ongoing treatment other purposes (specify)

Type of information to be disclosed: progress notes diagnostic assessment information progress in treatment lab results urine screening attendance HIV/AIDS testing or status pregnancy testing prenatal care diagnosis information on mental illness and/or treatment other information: (specify)

Amount of Information to be Disclosed: Information covering the previous three months Information covering the most recent admission Other date specific information (specify)

Signature and date of client or other person authorized to permit disclosure

Signature and date of staff or witness

Revocation: This authorization is subject to written 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:

Client Signature and Date

Signature and date of Staff or Witness

This authorization expires [specify event, date, and/or condition]: _____

Prohibition against Re-Disclosure: This information had 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 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 information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 [HIPPA], 45 C.F.R. Parts 160 and 164. [These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.]