

AUTHORIZATION FOR RELEASE OF INFORMATION

Incomplete Releases will result in no information provided. All sections must be completed. Form must be signed AND witnessed.

RE: _____ (NAME) _____ (DATE OF BIRTH)

(ADDRESS) _____ (SOCIAL SECURITY NUMBER)

(CITY, COUNTY, STATE, ZIP)

Approximate Year(s) in Treatment _____ If for DUI, drug(s) in tx for _____

I hereby authorize the release of the following specific information:
(INITIAL ALL ITEMS)

YES NO

- ____ (1) Medical history, examination, laboratory tests and treatment reports.
____ (2) Psychological test reports, Psychiatric evaluation reports.
____ (3) Client's current address, phone numbers and any information on ability to pay
____ (4) Social history data including family, education, employment, arrest, and alcohol/drug use information.
____ (5) Summary of previous mental health and/or alcohol/drug treatment
____ (6) Admission/Discharge dates and reports of current treatment progress.
____ (7) Activities and social services provided while in treatment.
____ (8) Verification of Treatment Letter
____ (9) Specify: _____

{Records location-501 Park Ave S. Hohenwald, TN 38462. 931 796-5427, 931 230-7511 fax}

From the Alcoholism/Drug Rehabilitation program of Buffalo Valley, Inc. to:

(NAME OF INDIVIDUAL AND/OR AGENCY)

(ADDRESS, CITY, STATE, ZIP CODE)

Phone # _____

FAX # _____

I understand that this information will be used for the following specific purposes:
(INITIAL ALL ITEMS)

YES NO

- ____ (1) To develop a diagnosis, treatment, and rehabilitation plan.
____ (2) To coordinate medical, psychological, and social rehabilitation.
____ (3) To advise family and/or referring agency of treatment progress.
____ (4) To facilitate collection of fees owed.
____ (5) To (Circle all that apply) reinstate DL, get State Benefits [DHS], Custody issue [DCS], Housing, Employment
____ (6) Specify: _____

I understand that these records are protected by Federal Regulations 42 C.F.R. Part 2 and any further disclosure of this information is prohibited. This consent is subject to revocation by the client at any time and unless an earlier date is specified, it expires one (1) year after it is signed. This consent for release of information is given freely, voluntarily, and without coercion.

(CLIENT SIGNATURE)

(DATE)

(WITNESS/STAFF SIGNATURE)

(DATE)

Unsigned and/ or unwitnessed documents will not be processed