

Authorization for Release of Information
Red River Recovery Center
701 Center Ave, E., Dilworth, MN 56529
Telephone: 218-284-7772
Fax: 218-284-7774

Name of client: _____ Birthdate _____

I hereby authorize Red River Recovery Center and

(person/institution and phone number/address)

to disclose to each other the following verbal and/or written information:

Chemical Dependency Evaluation Drug Screen Results
 Assessments and Progress Reports Mental Health Records
 History and Physical Results/Recommendations of CD Evaluation
 Discharge Summary and Status Psychiatric/Mental Health Evaluation
 Results/Recommendation of MH Evaluation
 Continuing Care Plan Nursing Assessment
 School Attendance, Academic, and Behavioral Information
 Other (specify) _____

Purpose:

Diagnosis Treatment Recommendations Insurance Purposes
 Coordination of Treatment Collateral Information
 Legal Notification Consultation
 Other (specify) _____

This authorization is voluntary and remains in effect until 12 months from date of signature or event unless specifically revoked by written notice to our agency. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Records, 42 CFR, Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Date

Client/Guardian

Date

Witness

Authorization is to be signed by the client or if the client is a minor (under 14 years of age) or is physically or mentally unable to sign for himself, by the clients legal guardian.

Distribution: Client Copy Client Refused Copy

To Receiver of Released Information:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 C.F.R. part 2) prohibit you from making any further disclosure of it with out the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A fax or photocopy of this authorization will be treated in the same manner as the original.