

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid consent to share information. **If I do not sign this form, information will not be shared, and I will have to contact each agency individually to give information about me that is needed.** However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature (Authorizing Person(s))

Date

Person Explaining Form

Name

Address

Phone

Witness, if required

Signature

Address

Phone

I understand that I may revoke this authorization at any time by notifying in writing. Revocation will not apply to records already furnished in reliance upon this authorization. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and that information may not be protected by federal confidentiality rules. I understand that the consent extends to information placed in the consumer record after the consent was given but before it expires. I understand that certain records are protected by the Federal Drug & Alcohol Confidentiality Regulations (42 CFR, Part 2). If these records are protected by 42 CFR, Part 2, a recipient is prohibited from making any further disclosure of this information unless expressly permitted by my written authorization, except as otherwise permitted by the Regulations.

Signature of Authorizing Person(s)

Date

For Office Use Only

Authorization is

Revoked in entirety

Partially revoked

Date Received

Notification given

Written

Phone

Received By