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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(Name of Client)

Amethyst Center for Healing to release and/or obtain information to/from:

(Name of organization to which disclosure is to be made or information obtained)

the following information (Initial applicable items):

- ___ Assessment & evaluation results, attendance history, treatment summary and progress notes, treatment plans, Drug testing results and treatment recommendations.
- ___ Supervision Notes and Parole/Probation agreements
- ___ Other (specify): _____

The purpose of the disclosure authorized in this is to: _____
(Purpose of disclosure, as specific as possible)

I understand that my alcohol and /or drug treatment records are protected under the Federal regulations governing Confidentiality 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. Pts 160 & 164, and cannot be disclosed without my written consent less otherwise provided for by the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: (check applicable condition):

___ The _____ day of _____, 20__.

___ Six months following the closing of my treatment record.

If the purpose of this disclosure is to inform the criminal justice agency (ies) listed above of my attendance and progress in treatment, I understand that this consent will remain in effect and **cannot** be revoked by me until:

___ there has been a final, formal and effective termination or disposition of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have read the above, understand it, and hereby give my consent to the above-mentioned disclosure.

Signature of client

Date

Witness

Date