



## Consent for Release of Confidential Information

I, \_\_\_\_\_, hereby authorize Royal Life Centers, Vogue Recovery Center, South Coast Behavioral Health and/or any of its affiliates (collectively, "Facility") to disclose the information described below to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

By the boxes I approve below, I authorize the release of the following medical information to the person or entity named above:

All information held about me, including medical record and billing information and all of the items listed directly hereafter (even if the boxes are not checked)

- Mental Health Diagnosis
- Medication Management Information
- HIV/AIDS related records (except HIV Test Results)
- Mental Health treatment information
- Substance Abuse Treatment Information
- Psychiatric Evaluation
- History and Physical Information
- Other(state purpose clearly) \_\_\_\_\_

The purpose or need for the exchange and disclosure of this information is to:

- Facilitate treatment     Summarize Treatment     Coordinate Continued Care
- Coordinate Insurance     My Request     Facilitate Payment
- Other (state purpose clearly) \_\_\_\_\_

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164, and cannot be disclosed without my written consent unless 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 automatically expires 1 year from the date of signature.

\_\_\_\_\_  
Client/Guardian/POA/Representative Signature

\_\_\_\_\_  
Date

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.