

CONSENT FOR RELEASE OF INFORMATION

I authorize Iroquois Mental Health Center, 323 West Mulberry Street, P. O. Box 322, Watseka, Illinois (815) 432-5241 to exchange information with:

Name of Person Name of Organization Address City Zip

The information exchanged is regarding:

Name of Client Date of Birth Social Security Number

The specific information requested is:

The information is to be used for the following purpose:

The consequences of refusal to sign this consent, if any are:

This Consent for Release of Information is valid from date of signature until:

I understand the information is to be communicated by: [X] Phone [X] Fax [X] Letter/Mail [X] In Person

I understand that information related to drug and alcohol treatment is protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without written consent from the specific client unless otherwise provided for by the regulations.

This Consent for Release of Information may be revoked in writing during normal business hours, except to the extent that action has been taken on it. In any event, this consent expires on the above stated date or in one year from the signature date listed below, whichever is earlier.

UNDER THE PROVISIONS OF THE ILLINOIS MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CONFIDENTIALITY ACT, INFORMATION RELEASED BY THIS CONSENT MAY NOT BE REDISCLOSED WITHOUT FURTHER WRITTEN CONSENT. IROQUOIS MENTAL HEALTH CENTER DOES NOT AUTHORIZE EXCHANGE OR REDISCLOSURE OF INFORMATION WITH ANY PARTY OTHER THAN THE ABOVE NAMED.

Signature of Client Date of Signature

Signature of Parent or Guardian Date of Signature

Signature of Witness Date of Signature

PROHIBITION OF REDISCLOSURE OF CONFIDENTIAL INFORMATION AND INFORMATION CONCERNING CLIENTS IN ALCOHOL OR DRUG ABUSE TREATMENT
This notice accompanies disclosure of information concerning a client in alcohol/drug treatment made to you with the consent of such client. The information disclosed by this Consent for Release of Information is protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit further dissemination or disclosure of this information unless further written disclosure is expressly permitted by additional written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

