

Rising Above Disease
120 West St.
Easton, MD 21601
(410)725-7028

Release of Information

Client Name: _____ Date of Birth: _____ SS#: _____

I, _____, authorize **Rising Above Disease(RAD)** to release to obtain to exchange information with:

Name of Person/Agency: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone: _____

For the purpose of: Coordinating Care Monitoring Treatment Compliance Referral Planning Billing
 Scheduling

Leave messages or facilitate communication between the client and RAD Obtaining Bio-Psycho-Social Information
Treatment Planning Discharge Planning Other: _____

Records/information to be released (circle appropriate items): Evaluation Results/ Diagnosis Treatment Recommendations
Progress Notes Lab Results/ Reports Urine Drug Screen/ Breathalyzer results Discharge plans/ Discharge Summary
Full and Complete Record Monthly Status Reports Alert Forms Interpretative Summary
Other (specify) _____

I understand that this authorization includes release of records/ information concerning psychiatric or psychological conditions, drug and alcohol abuse, HIV testing or treatment, or related conditions that may be contained in my record. I further understand that this authorization is not required as a condition for treatment and that it may be revoked by me at any time except to the extent that action has already been taken. I understand that my records are protected under Federal confidentiality rules and that this consent will expire: (Exp date _____):

I have read and understand the above and acknowledge that it was properly completed prior to my signature.

Signature _____ Date: _____

Witness _____ Date: _____

To Recipient of Client Records/ Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information for criminal investigation or to prosecute any alcohol or drug abuse client.

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