

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize and **NMSAS Recovery Center** and _____ to communicate with and disclose to one another the following information:

- My name and other personal identifying information
- My status as a client in substance abuse treatment
- Financial information required for payment of treatment services
- Assessment results and history
- Summary of treatment plan, treatment progress and compliance
- Summary of discharge plan
- Dates and times of service
- Urinalysis results
- Date of admission and discharge
- Other _____

I, understand my HIV status is specifically protected and will not be released without my permission as noted below.

I authorize the release of my HIV status.

Signature

Date

The purpose of disclosures authorized in this consent is to enable the organizations listed above to coordinate care.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Pts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically as follows:

Six months post discharge from NMSAS Recovery Center Services

I understand that generally neither party may condition my treatment on whether or not I sign a consent form.

Signature of Client

Date