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## Release of Information

*Authorization for use of disclosure of Protected Health Information including 42CFR part 2 regulations*

I, \_\_\_\_\_, authorize Essential Healing IOP, Inc and their associated providers:

### To Disclose the Following Information:

1. Complete health record, including information pertaining to: mental health, communicable diseases, HIV, AIDS, and treatment of all substance use/abuse.

**OR**

2. Release of complete health record except for the following information:  
Mental Health Records  
Communicable Disease (including HIV and AIDS)  
Substance use/abuse treatment  
Other: \_\_\_\_\_

### Disclose to:

1. Primary care provider or other specialist: \_\_\_\_\_
2. Emergency Contact (name & phone): \_\_\_\_\_
3. Partner Agencies – EAP, KOIKY: \_\_\_\_\_
4. Probation/Parole Officer: \_\_\_\_\_
5. Other: \_\_\_\_\_

### Purpose of Disclosure:

\_\_\_\_\_

### Effective period:

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will terminate on: \_\_\_\_\_

I have been provided a copy of this form (initial): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

#### Notice of Prohibition on Re-disclosure of Part 2 Records

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 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 to criminally investigate or prosecute any alcohol or drug abuse patient.

42 CFR 2.32 (Updated July 2020); see Confidentiality of Substance Use Disorder Patient Records, 85 Fed. Reg. 42986, 43037 (July 15, 2020), <https://www.federalregister.gov/d/2020-14675/p-644>.