FAMILY HEALTH CARE – BEHAVIORAL HEALTH
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Family Health Care staff is authorized to release, obtain, or exchange information for the purpose of assessment and/or provision of treatment services contained in the clinical and/or medical record of:

Client Name: **Date of Birth**:

Fully complete every Section - With the below named individual(s) or organization(s) and only under the condition listed below: Name of person(s) or organization(s) whom information will be:

Specify which: ☐ Copy of Patient Records ☐ Only Verbal Information shared

Specify Type: ☐ Released to ☐ Obtained from ☐ Exchanged with

Required:
Name(s)/Organization: _____

Address: _____ Phone: _____

- Information authorized to release (check all to be released/obtained/exchanged):

☐ Assessments ☐ Psychological Testing
☐ Summaries of Treatment ☐ Pertinent School Records
☐ Diagnostic/Prognostic Impressions ☐ Psychiatric Assessments/Treatment
☐ Status Reports ☐ Personal Identification/Financial Information
☐ Other: _____

- Dates of Service: _____ to _____ (*Required)*
- This authorization will expire on: _____ (or within 1 Year from date signed)
- Information in written and/or verbal format will be disclosed for the purpose of continuity of care
- I have the right to release or refuse to release information regarding alcohol and/or substance use.
  - ☐ Yes I authorize the release of alcohol and/or substance use information
  - ☐ No I do not authorize the release of alcohol and/or substance use information
- I have the right to release or refuse information regarding communicable diseases and infections (which include venereal disease "VD", tuberculosis "TS", Hepatitis Sand C, Human Immunodeficiency virus "HIV", HIV tests, Acquired Immunodeficiency syndrome "AIDS· and AIDS related complex "ARC") and _____ (Specify).

☐ Yes I authorize the release of communicable disease information

☐ No I do not authorize the release of communicable disease information

I understand that Family Health Care may not condition my treatment on whether I sign a consent form and that this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. This form has been explained to me in my primary language, in terms understandable to me.

_____ _____
Client Signature or Guardians' Signature Date

_____ _____
Witness Signature (*Required full name)* Date

☐ Release of Information Withdrawn: As of this date, _____, I withdraw my "Release of Information". I understand that further disclosure based on this release will not occur.

Released to you from records protected by confidentiality rules (Federal Rule 42 CFR Part 2, Michigan Mental Health Code Rules 330.1748 and 330.1750, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 CFR Parts 160 & 164). 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. The Michigan Mental Health Code Rule 330.1748 (3) states, 'Any person receiving information made confidential by this section shall disclose the information to others only to the designated consultant with the authorized purpose for which the information was obtained." Rule 330.1750 states, 'Privileged communication" means a communication made to a psychiatrist or psychologist in connection with the examination, diagnosis or treatment of a patient, or to another person while the other person is participating in the examination, diagnosis, or treatment. Privileged communication shall not be disclosed to outside entities unless the patient first waives the privileged, except for circumstances set forth In Rule 330.1750. Updated *5/18/2020*