

best|self

BEHAVIORAL HEALTH

Consent to Release Confidential Information

I, _____ DOB: _____, authorize
(Name of client) *(Date of birth)*

BestSelf Homeless Services and Housing Services
(Name of BestSelf Behavioral Health program)

and the following agency or individual:

(Name of agency/individual making disclosure)

to communicate and disclose to one another the following information:

all client records, treatment history, income information, case status, and general client information.

The purpose of/need for the disclosure is **to provide information about the above-named individual's eligibility, treatment or services between the above agency/individual and BestSelf Behavioral Health.**

I understand that treatment records are protected under the following laws: Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164; New York State Mental Hygiene Law Section 33.13; and the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2. These records cannot be disclosed without my written consent unless otherwise provided for in the regulations.

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

Unless revoked by me, this authorization will expire 1 year from the date of my signature.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I do /do not accept a copy of this consent form. Dated: _____

(Signature of client)

(Signature of person signing form, if not client)

Describe authority to sign on behalf of client: _____

Send requested records to:

Attn: _____

If chemical dependency information is included in the disclosure, attach the *Prohibition on Rediscovery* to the front of information disclosed.