

## Permission to Disclose Confidential Information

This form is used for the sharing and collaboration of information with other organizations, agencies or individuals in the planning, coordination, and delivering of services to persons that are under the care of Strategies for Healing or other agencies collaborating with them or their clients. It permits use, disclosure, and redisclosure of confidential information for the purposes of coordinating care, case management, delivering services, paying for services, and health care operations. This form complies with federal law on the privacy of personal and education records (FERPA; 20 USC 123g).

This form does not constitute an “authorization” under federal HIPAA regulations, though it contains many of the elements of such an authorization. This is because an “authorization” is not required for use and disclosure of protected health information when use and disclosure is for purposes of treatment, payment or health care operations (45 CFR 164.506).

1. I hereby give permission to use and disclose health, mental health, addictive behavior issues/information, personal and education records as described below.
2. The person whose information may be used or disclosed is :  
Name: \_\_\_\_\_
3. The information that may be used or disclosed includes (check all that apply):
  - Mental health records
  - Addictive behavior records
  - Personal information
  - All of the records listed above
4. This information may be disclosed by:
  - Any person or organization that possesses the information to be disclosed
  - The following persons or organizations providing services to me:  
\_\_\_\_\_
5. This information may be disclosed to:
  - Any person or organization that needs the information to provide service to the person who is the subject of record.
  - The following organizations:  
\_\_\_\_\_
6. This permission expires On \_\_\_\_\_(date); or Upon the following event:  
\_\_\_\_\_

I am the person whose records will be used or disclosed. I give permission to use and disclose my records as described in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date