Community Improvement Associates
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AUTHORIZATION TO DISCLOSE OR OBTAIN CONFIDENTIAL INFORMATION

Client Name: _____Client #_____DOB _____

I understand by signing this form I am authorizing Community Improvement Associates(CIA) to:

❒ Disclose information to ❒ Obtain information from ❒ Exchange information with

❒ VERBAL ❒ WRITTEN

_____
(Name of person, facility and/or organization)

_____
(Mailing Address and Phone Number)

Information Pertaining to (check all that apply):

- ❒ Presence in treatment, including Behavioral health or substance abuse treatment, admission and discharge dates.
- ❒ Diagnoses, including LADC diagnoses, brief description of progress and prognosis
- ❒ Intake and assessment, including CJ release
- ❒ Treatment/Service Plan ❒ Discharge Summary
- ❒ DV/Anger Management/Sexual Offender ❒ Substance Abuse assessment/treatment information
- ❒ Other (specify): _____

This information is needed or provided for the following purposes (check all that apply):

- ❒ History/Assessment ❒ The development of a treatment/service plan.
- ❒ Ongoing treatment/continuing care. ❒ Coordination of care/group work sessions.
- ❒ Insurance, employment or government benefits. ❒ Family Communication
- ❒ Other (specify): _____

I understand that information disclosed is protected by Federal Regulation 42CFR, Part 2 and 45 CFR Part 164. It cannot be released without my consent unless otherwise required by law. Redisclosure of this information without my consent by the receiving party is prohibited. I understand that I need not consent to the disclosure of information in order to obtain treatment services except if my record was created to provide information to a third party, for example under a court ordered evaluation. I choose to disclose this information willingly and voluntarily for the purposes specified above. I also understand I may revoke this consent at any time by notifying my psychotherapist or psychiatric nurse practitioner in writing.

❒ This consent will automatically expire when my case is closed or in one year, whichever comes first.

- OR -

❒ I am specifying the following date, condition or event upon which it will expire sooner:

_____

_____ _____
Client Signature Date

_____ _____
Parent/Guardian/Legal Representative Signature Date

_____ _____
Witness Signature (if required) Date