



Empowering Neighbors. Strengthening Communities.

AUTHORIZATION TO RELEASE INFORMATION

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. RSI will not condition your treatment on your agreement to authorize disclosure of your health information.

INSTRUCTIONS: Provide information as it existed when the service was provided.

Name of Client:	Social Security Number:		
Street Address:	City:	State:	Zip:

CLIENT RELEASE AND SIGNATURE

1. I HEREBY AUTHORIZE:

Name of Person/Agency:			
Street Address:	City:	State:	Zip:

2. TO RELEASE INFORMATION OR TO MUTUALLY EXCHANGE INFORMATION WITH:

NAME OF AGENCY TO RECEIVE INFORMATION:

Rehab Services, Inc. – 112 2 nd Ave SW – Minot, ND 58701

3. The following information is requested: (Be specific, cannot be open communication)

4. The information identified above will be used for: (List Each Purpose, not just open communication)

5. This authorization to disclose information remains in effect until: (Date) One year from signed date.

OR: (specific event terminating operation of the release): *Case Closure (if prior to one year)*

CLIENT CONSENT: This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

☐ **CHECK & HAVE CLIENT INITIAL IF APPLICABLE – NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION 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 authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure 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.

Signature of Client:	Date:
Signature of Parent/Guardian:	Date:
Signature of Witness/Staff:	Date:

Rvsd. 12/11