

Valley View Health Services Inc
Addiction Treatment Center/Internal Medicine
1001 9th Ave, Suite 2
Brackenridge, PA. 15014-1107
Tel (724) 393-1756
Fax (724) 604-7002

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Name of Client: _____

I hereby request and authorize:

Valley View Health Services Inc. 1001 9th Ave, Ste 2. Brackenridge, PA. 15014-1107.

Tel: 724-393-1756. Fax: 724-604-7002

To release my records from:

The following types of information from my records (and any specific portion hereof):

- Medical history/Physicals
- Alcohol and drug abuse treatment record
- Laboratory and x-ray reports
- Psychological evaluations
- Other _____

For the purpose of: _____

All information I hereby authorize to release to the agency will be held strictly confidential and cannot be released by the recipient without my written consent.

I understand that this authorization will remain in effect for:

Ninety (90) days unless otherwise an earlier time period of: _____

One (1) year

The period necessary to complete all transactions on account related to services provided to me I understand that unless otherwise limited by state or Federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

Signature of Client: _____

Date: _____

Signature of Witness: _____

Date: _____

Signature of Director: _____

Date: _____

Clients can revoke their consents verbally or in writing to facility staff.

To be used only if the patient withdraws consent:

Signature of Client: _____

Date: _____

The information which is being disclosed is from records whose confidentiality is protected by federal law. Federal Regulations (42-CFR Part 2) prohibit disclosures without the specific consent of the person to whom it contains. A general authorization is NOT sufficient for such release. The Federal rules restrict any use of this information from a criminal investigation or to prosecute any alcohol or drug abuse patients.

Prohibition on re-disclosure:

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 information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed 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 (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65. crime.