George Junior Republic
IN INDIANA

AUTHORIZATION/CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Name: ________________________________

Client Address: ________________________________

Client Date of Birth: ________________________________

I, ____ do hereby consent
(Name)

and authorize unrestricted communications between
____ (Name of agency or person providing or receiving information)

and George Junior Republic/George Junior Republic in Indiana.

This will include the following information regarding the Client:

1. Assessment/diagnosis in treatment/counseling
2. Attendance/participation in treatment/counseling
3. Progress and prognosis in treatment/counseling
4. Verbal Communication
5. Progress notes
6. Discharge summary/completion letter
7. Information relevant to facilitation of compliance with GJR Program
8. Continuing care plan
9. Education records
10. Assessments
11. Monthly Reports/Treatment plan
12. Other: _______________________

The purpose of and the need for this disclosure is (Check all that apply. For SUD Records, the disclosure will be limited to that information which is necessary to carry out the below described purpose):

____ To provide ongoing treatment/continuing care,
____ To obtain insurance or employment or government benefits,
____ To enable judges, attorneys, probation/parole officers to support treatment goals or make legal disclosure on my behalf,
____ To coordinate treatment efforts with family/concerned persons,
____ Other:____

I understand that:

- HIV – related information will not be released through this Authorization.
- If the Client's records relate to the diagnosis, treatment, or referral for treatment for a substance use disorder ("SUD Records"), the Client's SUD Records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations and any such disclosures must be limited to that information which is necessary to carry out the stated purpose of the disclosure.
- If the Client's records are SUD Records and I consent to the disclosure of SUD Records using a general designation, as authorized by 42 CFR Part 2, I may request and receive a list of entities to which my SUD Records have been disclosed under such general designation.
- I may revoke this Authorization, in writing, at any time, except to the extent that action has been taken in reliance on this Authorization. However, if the revocation is for SUD Records, the revocation can be provided orally.
- George Junior Republic in Indiana ("GJR") will not condition treatment, payment, enrollment or eligibility on my execution of this Authorization.
- Information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and be no longer protected by HIPAA. For SUD Records, GJR will include the following statement prohibiting unauthorized disclosure of such SUD 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 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."

- This Authorization expires automatically as follows:

(Specification of date, event, or condition upon which this Authorization expires. This Authorization will automatically expire the earlier of (a) the date, event, or condition specified above, or (b) the following applicable time period based on the type of record: (i)

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180 days for mental health records, (ii) a period reasonably necessary to serve the above described purpose for SUD Records, or (iii) 60 days for all other health records)

____
Signature of Client (if 13 year or older)   Date

____
Signature of Personal Representative*   Date

____
*Nature of Relationship between Personal Representative and Client, where applicable

____
Signature of Witness   Date

____
Printed Name of Witness