

ADELANTE, Inc.
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name of Consumer: _____ hereby consent to communication between: **Adelante, Inc, 520 Broadway Street, Toledo, OH** (Program Authorized to Make Disclosure) and:

(Name/Title and Full Address of Individual/Organization to Whom Disclosure is Made)

<i>Check</i>	<i>Type of Information to be Released</i>	<i>Consumer Initials</i>
_____	<i>Name, Date of Birth, Social Security Number(Last Four),</i>	_____
_____	<i>Summary of service plan, progress, assessment, compliance, program status, date enrolled in program</i>	_____
_____	<i>Attendance/grade reports</i>	_____
_____	<i>Date & reason of termination, completion, withdrawal from program</i>	_____
_____	<i>Emergency Medical information</i>	_____
_____	<i>Other: (specify)</i>	_____

Amount of Information to be disclosed: _____

The purpose of the disclosure authorized in this consent is to (X all that apply):

- _____ Coordination and collaboration of services, Gather information for ongoing services
- _____ Emergency contact
- _____ In the event consumer needs medical attention/assistance
- _____ Other (specify) _____

Consumer Signature/Date

Signature/Date Other Person Authorized to Permit Disclosure

Signature/Date of Staff Witness

Revocation: This authorization is subject to written revocation at any time except to the extent the program or person who made the disclosure has already acted in reliance on it.

I hereby revoke consent _____

Consumer Signature/Date

Signature/Date Other Authorized Person Signature

Signature and Date of Person Witnessing Revocation

This authorization expires automatically after 180 days or on: (specify event, date and/or condition) _____

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Prohibition Against Re-disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.