

Clean Acres Recovery Housing

Authorization for Release of Information

I, _____ hereby authorize exchange of information between Clean Acres Recovery Housing/New Housing Ohio,

Inc. and _____
Name of party releasing information

Agency Name

Address

City, State, Zip

Phone

Full Name of Client

Date of Birth

Social Security Number

Information to be exchanged includes release of information concerning HIV testing or treatment of AIDS<AIDS related conditions, drug or alcohol abuse, drug related conditions, alcoholism and/or psychiatric/psychological conditions.

The information specifically included in this authorization is:

| | |
|--------------------------------------|--|
| _____ Admission or Discharge Summary | _____ Psychological/Psychiatric Assessment |
| _____ Social/Family History | _____ Current/Past Medications |
| _____ Physical Examination | _____ Laboratory Findings |
| _____ School or Job History | _____ Treatment Plan |
| _____ Other _____ | |

Purpose or need of disclosure _____

A photocopy of this form is considered to be an equivalent of this form.
This information is being disclosed from record the confidentiality of which may be protected by Federal Law.
REDISCLASURE OF THIS INFORMATION IS STRICTLY PROHIBITED.

I UNDERSTAND THAT THIS CONSENT TO DISCLOSE may be revoked by me at any time by written notice except to the extent that action has been taken thereon. This consent will expire in two years (24 months) after the date below or sooner at my discretion in which case the authorization will expire on _____.

I acknowledge that I have read and fully understand this authorization.

DATE

Signature of client or other legally authorized party

Signature of witness

Relationship to client

Any information about drug and alcohol abuse has been disclosed to you from records protected by Federal Law. Federal regulations prohibit you from making further disclosure without written consent of the person to whom it pertains or is otherwise permitted by such regulation. A general authorization for release of medical or information is insufficient for this purpose.