RECORDS & INFORMATION RELEASE AUTHORIZATION
(Excludes Drug and Alcohol Information)

I, _____ D.O.B: __/__/__, do hereby give permission to **Therapy Resources of Morris County, LLC - ( ) or Authorized Representative** to release the following information from my records and **( )** to release the following information about me:

- ☐ Medication & Psychiatric History
- ☐ Mental Status on Admission or Discharge
- ☐ Physical Exam & Laboratory Test Results
- ☐ Progress Notes
- ☐ Final Summary
- ☐ Other:

Note: The person whose records are being released has the legal right to have specific information withheld.

This information is to be released to **( )** and the same information to be released to **Therapy Resources of Morris County, LLC – ( ) or Authorized Representative** to release the following information from my records:

The purpose or need for this reciprocal disclosure is to:
Share Collateral Information to Coordinate Treatment Services

This information may be given: X☐ Verbally, by phone or in person X☐ Fax X☐ In writing
X☐ A reproduction of the authorization shall be as effective and valid as the original.

Frequency: X☐ As needed X☐ Until _____**1 year from signed date**_____

I understand this consent can be revoked at any time in writing except to the extent that action has already been taken in reliance thereon; and this consent will reasonable time needed to accomplish the purpose for which it is given, not to exceed one year.

Client: _____ Date: _____
(Including minors 14 years or older whose refusal to sign renders this consent void)

Parent: _____ Date: _____
(Parent, Legal Guardian, Authorized Representative, Significant Other)

Witness: _____ Date: _____

CONFIDENTIAL: THE WITHIN INFORMATION IS DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. FEDERAL REGULATIONS (SEC 42CFR-PT2) PROGIBITS YOU FROM MAKING FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR, AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. THE FEDERAL RULES RESTRICT ANY USE OF THIS INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE CLIENT.

RECORDS & INFORMATION RELEASE AUTHORIZATION
(Includes Drug and Alcohol Information)

I, _____ D.O.B: __/__/__, do hereby give permission to **Therapy Resources of Morris County, LLC – (_____) or Authorized Representative** to release the following information from my records and **(_____)** to release the following information from my records:

- ☐ Drug/Alcohol Assessment (CASI) or Initial Comprehensive Assessment (ICA)
- ☐ Drug/Alcohol Recommended Level of Care (LOCI Placement)
- ☐ Drug/Alcohol Continued Service Reviews (CSR's) and/or Continued Treatment Updates
- ☐ Drug/Alcohol Toxicology Test Results
- ☐ Drug/Alcohol Progress Notes
- ☐ Drug/Alcohol Final Summary
- ☐ Other (please specify)

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This information is to be released to **(_____)** and the same information to be released to **Therapy Resources of Morris County, LLC – (_____) or Authorized Representative** to release the following information from my records:

The purpose or need for this reciprocal disclosure is to:
Share Collateral Information to Coordinate Treatment Services

This information may be given: X☐ Verbally, by phone or in person X☐ Fax X☐ In writing
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Client: _____ Date: _____
(Including minors 14 years or older whose refusal to sign renders this consent void)

Parent: _____ Date: _____
(Parent, Legal Guardian, Authorized Representative, Significant Other)

Witness: _____ Date: _____

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RECORDS & INFORMATION RELEASE AUTHORIZATION
(Copy to Client Required)

This practice is required to communicate to each client that federal law and regulations protect the confidentiality of alcohol and drug abuse records. A summary of the law and regulations must be given to each client.

THIS IS YOUR COPY OF THAT SUMMARY

Confidentiality of Alcohol and Drug Use Client Records

The confidentiality of alcohol and drug abuse patient records maintained by this practice is protected by the Federal law and regulations. Generally, the practice may not say to a person outside the practice that a person attends the practice, or disclose any information identifying a client as an alcohol or drug abuse client unless:

1. the client consents in writing
2. the disclosure is allowed by a court order
3. the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or practice evaluation.

Violation of the Federal law and regulations by a practice is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the practice or against any person who works for the practice or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. [See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR- Part 2 for Federal Regulations.]