Release of Information

I hereby authorize The Columbus Wellness Center & Affiliates to exchange my protected personal Information with [organization]: _____

Name of patient or client: _____

Date of birth: _____

Information to be exchanged:

- ☐ File ☐ Intake ☐ Letter ☐ Progress Notes ☐ Psych Eval.
- ☐ Referral ☐ Test Results ☐ Treatment Plan ☐ Summary of Tx
- ☐ This may contain information that includes alcohol and drug use
- ☐ Other (Listed, if applicable): _____

The above information is for the following purpose:

- ☐ For coordination of care
- ☐ Other (Listed, if applicable): _____

I understand that, unless action already has been taken in reliance on this authorization, I may revoke this authorization at any time by making a written request to your therapist/Northwoods Clinic. I understand that your therapist/Northwoods Clinic may not condition treatment, payment, enrollment or eligibility for benefits on my signing this authorization, unless my treatment is related to research and the purpose of this authorization is to enable the protected health information described above to be used for such research.

Signature: _____

☐ **Guardian Witness:** _____ **Date:** _____

PROHIBITION ON REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IF HELD BY ANOTHER PARTY IS NOT SUFFICIENT FOR THIS PURPOSE. FEDERAL REGULATIONS STATE THAT ANY PERSON WHO VIOLATES ANY PROVISION OF THIS LAW SHALL BE SUBJECT TO PROSECUTION UNDER FEDERAL LAW. THE FEDERAL RULES RESTRICT ANY USE OF THIS INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE PATIENT [52 FR 2 1809, June 9, 1987; 52 FR 4 1997, Nov. 2, 1987]