

Your Student Assistance Program 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 Abuse
Patient Records**

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

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

Violations of the Federal law and regulations by a program 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 program or against any person who works for the program 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]

**I HAVE RECEIVED A COPY OF THIS SUMMARY
(PRINT NAME AND SIGNATURE AND DATE)**

42 CFR - Part 2 and 45 CFR Parts 160 and 164
Includes HIPAA Privacy Rule
RECORDS RELEASE AUTHORIZATION

I, _____ hereby give
(Name of Client)

permission to: _____
(Name of Clinic which is to make disclosure)

to release from my files the following information:

(Extent or Nature of Information to be disclosed)

This information is to be released to:

(Name or Title of Person or Organization to Which the Disclosure is to be Made)

The purpose or need for such disclosure is:

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon and will otherwise expire on:

(Date, Event or Condition)

X _____
SIGNATURE OF CLIENT: (OR PERSON AUTHORIZED BY LAW TO GIVE CONSENT) DATE

X _____
SIGNATURE OF WITNESS: DATE

The within information is disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR-Part 2 AND 45 CFR Parts 160 & 164) prohibits 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 the information to criminally investigate or prosecute any alcohol or drug abuse client.

**THIS RELEASE FORM COMPORTS WITH REQUIREMENTS OF
HIPAA PRIVACY RULE REGULATIONS AT
45 CFR PARTS 160 & 164**

RECORDS RELEASE AUTHORIZATION
(42 CFR – Part 2 and 42 CFR Parts 160 & 164)
JUSTICE SYSTEM

I, _____ hereby give

permission to _____
(Name of PROGRAM which is to make disclosure)

to release from my files the following information: _____

(Extent or Nature of Information to be disclosed)

This information is to be released to: _____
(Name or Title of Person or Organization to Which the Disclosure is to be Made)

The purpose or need for such disclosure is: _____

This information may be given: _____
(Indicate Frequency)

This consent is NOT subject to revocation.
JUSTICE SYSTEM RELEASE IS NOT REVOCABLE

(Date, Event, or Condition)

SIGNATURE OF CLIENT OR PERSON AUTHORIZED BY LAW TO GIVE CONSENT:

DATE

X _____

SIGNATURE OF WITNESS:

DATE

The within information is disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR-Part 2 and 42 CFR Parts 160 and 164) prohibits 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.