



Attachment Institute of New England, Inc.

Trauma Focused. Family Centered

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____, Legal Guardian of _____, _____
Guardian's /Client's Name Child's Name Date of Birth

give permission to the Attachment Institute of New England, Inc. to **release to / obtain from** (circle one or both)

Name/Address/Telephone/Fax of Person, Facility or Organization

the following information: (please initial all that apply)

- My entire record.
- Alcohol/drug abuse history (42CRF, part 2)*
- Infectious disease status, including HIV (HN RSA 141-F8)
- Court testimony, if requested
- Only the following, specific information: _____

Purpose of Release: _____

Methods of Release (please circle): Verbal Written Fax

Reason Expiration (specific date, event or condition): _____

I have the right to revoke this authorization, in writing, at any time. However, my revocation will not affect information already released prior to the revocation, or if this authorization was given to obtain insurance coverage and the insurer has a legal right to contest the claim. I understand that any information used or disclosed by this authorization may be subject to re-disclosure by the recipient of that information, and thus may no longer be protected by the HIPAA Privacy Rule. I understand that this release will automatically expire one year from the date signed below.

Client Signature (if at least 18 years old or an emancipated minor) **Printed Name** **Date**

Parent/Guardian Signature **Printed Name** **Date**

If this authorization is signed by someone other than the client, describe the nature of your authority to act on the client's behalf

Witness **Date**

***Notice to Person/Organization Receiving Alcohol/Drug Abuse Information**

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CRF, Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by CRF 42, 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.