Release of Information (ROI) for Substance Use Disorder (SUD) Services

Washington State Health Care Authority

I, _____ (Client name), _____ (Date of birth) hereby authorize _____ (Provider/Organization) to release to:

Name of agency/health care provider	**Contact info**

To communicate with and disclose to one another the following information: (nature of the information, as limited as possible)
Initial each category that applies:

☐ Demographics	☐ Blood alcohol level	☐ Labs & other diagnostic test results
☐ Assessment/screening results	☐ Medications	☐ Discharge summary
☐ Urinalysis results	☐ Tx status/compliance	☐ Tx recommendations
☐ Attendance	☐ Employment-related information	☐ Education and training-related information

☐ Other: _____

Purpose of this release: (enter reason, i.e., client request, coordination of services, payment of services, etc.)

_____

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Specify the date, event, or condition upon which this consent expires. Initial each category that applies:

☐ The date my public assistance/medical assistance benefits are discontinued, or

☐ Other: (Specify earlier date if required by law) _____

_____ _____

Signature of patient Date

_____ _____

Signature of parent, guardian or authorized representative (when required) Date

Notice Prohibiting Redisclosure of Alcohol or Drug Treatment Information

Prohibition on Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules, 42 Code of Federal Regulations (CFR), 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 42 CFR, 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.