Washington State Health Care Authority

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

I, ________________________________, ______________hereby authorize ____________________________________ to release to:
Client name *Date of Birth* *Provider/ Organization*

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:

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

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.