CAT
Authorization For Disclosure Of Information

PLACE PATIENT LABEL HERE

I, (print name of client)_____, hereby authorize communication between CAT and (print name or title of the person or organization to which communication is to be made with) _____, in order to verbally communicate or release copies of medical and/or other information concerning my hospitalization or treatment, including but not limited to information concerning drug abuse or drug-related conditions, alcoholism, psychiatric/psychological conditions and/or the fact of HIV testing, HIV test results and any diagnosis of AIDS or an AIDS-related condition or permit review of same, providing, however, that such release is limited specifically to materials of the following nature and extent:

Treatment Date: _____ Client Date of Birth: _____

Primary Condition Treated: ADDICTION

( ) Unrestricted Verbal Communication About This Treatment Episode

( ) Date(s) of Stay
( ) History/Physical
( ) Diagnoses
( ) Discharge Planning/Summary
( ) Identifying and Demographic Info.
( ) Client Progress
( ) Counseling/Nursing Assessment
( ) Progress Notes
( ) Treatment Plans
( ) Discharge Disposition/Status/Staff Recommendations
( ) Invoice Statement
( ) Psychological Evaluation
( ) PPD (TB) Test Results
( ) Urinalysis Test Results
( ) Other Test Results

( ) Other_____

Purpose for Disclosure: _____

Amount of Information to be Disclosed: ☐ Information covering this admission
☐ Other (specify)_____

I understand this consent may be revoked at any time except to the extent that action has been taken in reliance thereon. This consent will expire on _____ or three-hundred sixty five (365) days after the date below, whichever is earlier. I understand that I may revoke this authorization at any time in writing delivered to the Medical Records Department of the facility/agency.

_____ _____
Signature of Patient Date

----------**OR**----------

_____ _____
Other Person Authorized to Give Consent Date

_____ _____
Witness Relationship to Patient/Client

This information has been disclosed to you from records protected by Federal Confidentiality Rules. 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 C.F.R., Part 2 and 45 C.F.R., Parts 160, 164. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.