MIND, HEART & SOUL COUNSELING

Consent for RELEASE OF CONFIDENTIAL INFORMATION

Expiration Date: _____

I understand that records are protected under Federal and State Confidentiality Law and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations.

I, _____, the undersigned, hereby authorize the Mind, Heart & Soul Counseling Enrichment Center to:

TRICARE	Yes	No
SOONER CARE	Yes	No
Other		

_____: exchange with:

the following information pertaining to myself:

_____ Attendance
_____ Intake
_____ Psychosocial History
_____ Treatment Progress
_____ Treatment Planning

Other _____
_____

For the purpose of:

_____ Continuity of Treatment _____ Evaluation/Assessment ____ BILLING

I understand that I may revoke this consent in writing at any time. This Consent for Release can also expire under the following events or conditions: _____

I understand that the record requested may be protected under federal laws and regulations governing Confidentiality Patients Records (42 U.S.C. § 290dd-2; 42 C.F.R., Part2) and State Confidentiality Laws and regulations and cannot be released without my consent unless otherwise provided for by regulations. State and Federal Law regulations prohibit any further disclosures of such records without my specific written consent or except when otherwise permitted by such regulations.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). RECORDS MAY ALSO INCLUDE PSYCHIATRIC INFORMATION AND ALCOHOL AND DRUG ABUSE INFORMATION.

The information received in accordance with this release may be used for the purpose as set forth above. This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment made to you with consent of the client. This information has been disclosed to you from records protected by Federal Confidentiality rules (42 C.F.R.). The Federal Rule prohibits you from making any further disclosure of this information unless further disclosure is in connection with their official duties with respect to the particular criminal proceeding and may not be used in other proceedings or 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. A GENERAL AUTHORIZATION FOR 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.

Re: Psychiatric Records - Oklahoma State Law (76 O.D. Supp. 1986, Section 19) provides that psychological or psychiatric records may be provided to the patient if the treating physician or practitioner consents to the release or upon receipt of a court order, issued by a court of competent jurisdiction. Therefore, psychological or psychiatric records will not be released to patients, their guardians, or agents (including attorneys) except with the consent of the treating physician or practitioner or upon receipt of a court order, issued by a court of competent jurisdiction.

This consent is being given freely and voluntarily. I understand that treatment services are not contingent upon or influenced by my decision to permit the release of information.

_____ _____ _____ _____

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

_____ _____

Signature of minor's parent, guardian, or attorney Date