

# Insight Therapeutic Services, LLC



Phone: 205-936-2356

## AUTHORIZATION OF RELEASE OF INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**This authorizes Insight Therapeutic Services LLC to release/receive information to/from:**

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**I understand that this may include the mutual release of the following information:**

Discharge Summary                       Progress notes                       Assessment  
 Dates of Treatments                       Treatment plans/goals                       Diagnosis Impression  
 Other (specify) \_\_\_\_\_

**Concerning treatment for the purpose of:**

Continuity of care                       Reimbursement of services                       Legal  
 Verification of previous Treatment                       Other (specify) \_\_\_\_\_

I understand that my alcohol/drug treatment records are protected under the Federal regulation governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42, C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R, Parts 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for the regulations. I understand that I may revoke this consent at any time by giving written notice to Insight Therapeutic Services, except to the extent that action has been taken in response to this authorization. If no prior notice of revocation is received, this consent will expire 90 days after I have left treatment. I understand that the confidentiality of this information is protected by State and Federal laws and cannot be released without written consent. Foreseeable risks that may arise due to the release of this information have been explained to me.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Notice to receiving agency/facility/person:**

This information has been release to you from patient records protected by Federal Confidentiality Regulation (42 CFR part 2). The Federal regulations prohibit you from making any further disclosure of this information unless further release is expressly permitted by 42 CFR part 2 A general authorization for the release of medical or other patient identifying information or subpoena is NOT sufficient for this purpose. The Federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.