

eXclusive Services

11134 Lushek Drive
Cincinnati, OH 45241
Office: (513) 827-9273
Fax: (513) 818-9960
treatment@xservices.org

AUTHORIZATION TO DISCLOSE CLIENT INFORMATION (GENERAL)

Name of Client: _____ Date of Birth: _____

The following programs are authorized to (circle): disclose receive or exchange information as noted below.

eXclusive Services

Program Authorized to Make Disclosure _____

Authorized Individual/Organization to Whom Disclosure is Made _____

Purpose of Disclosure (circle): to coordinate treatment to gather assessment information for treatment planning
 to gather information for ongoing treatment other purposes [specify] _____

Type of Information to be Disclosed (circle): progress notes diagnostic assessment information progress in treatment
 lab results urine testing attendance HIV/AIDS testing or status pregnancy testing
 prenatal care diagnosis information on mental illness and/or treatment other information [specify] _____

Amount of Information to be Disclosed (circle): information covering the previous three months information covering the most recent admission
 other amount of information [specify] _____

Signature and Date of Client or Other Person Authorized to Permit Disclosure _____

Signature and Date of Staff or Witness _____

Revocation: This authorization is subject to written revocation/refusal at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.

I hereby **revoke** / **refuse** (circle) consent _____

Clients Signature and Date

Signature and Date of Staff or Witness _____

This authorization expires: **6 months after discharge from the program.**

Prohibition on conditioning of authorizations. A covered entity may not condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except:

(i) A covered health care provider may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of protected health information for such research under this section; (ii) A health plan may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in the health plan, if:

(A) The authorization sought is for the health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations; and (B) The authorization is not for a use or disclosure of psychotherapy notes under paragraph (a)(2) of this section; and (iii) A covered entity may condition the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on provision of an authorization for the disclosure of the protected health information to such third party.