

**eXclusive Services**

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**AUTHORIZATION TO DISCLOSE CLIENT INFORMATION (MEDICAL EMERGENCY)**

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 \_\_\_\_\_

**Hospital / Medical Facility**

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]: \* Medical necessity when client and/or patient is unable to disclose on their own due to a medical issue, or hospital/medical facility is permitted to verify.

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]:  
Last medication dosage information & medical information pertinent to medical emergency.

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 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.