



701 W 7th Ave, Suite 130, Spokane WA 99204 (509) 838-3932 phone (509) 838-1163 fax

RELEASE OF INFORMATION

CLIENT NAME:

Form with fields for Name, Date of Birth, Address, City, State, Zip Code, and Phone.

AUTHORIZATION TO DISCLOSE:

I consent to the use of confidential information about me with ICARD, PLLC to plan, provide and coordinate treatment, payments, and benefits for me or for other purposes authorized by law.

Form with fields for Name of Individual Person, Provider, Facility or School, Address, City, State, Zip Code, Phone, and Fax.

I authorize and consent to sharing the following information (check all that apply):

- Request health information from, Discuss health information with, Send health information to

PURPOSE:

- Continuity of Care, Psychological Evaluation, Other

- All my health information, Treatment Coordination, All information regarding care received by client between the dates of, Other information (specify):

AUTHORIZATION

Form with fields for Printed Name of Client, Signature of Client, Date, Printed Name Authorized Representative, Relationship to Client, Signature of Authorized Representative, and Date.

If the individual is twelve (12) years of age or younger, or the adult is a dependent; a parent, legal guardian or personal representative is required to sign above.

This authorization will expire one year from the date of signature unless otherwise noted:

RECORDS WITH ADDITIONAL PROTECTIONS: If your client records include any of the following information, you must also complete this section to include these records. I give my permission to disclose the following records (check all that apply):

- Mental Health, HIV/AIDS and/or STD records, diagnosis or treatment, Chemical dependency or substance use

Health information is protected under federal regulations governing confidentiality, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, as well as subsets under state RCW 70.02, RCW 71.05, RCW 71.34, WAC 388-865 and WAC 388-877.

- This authorization is effective for the above requested and authorized health care information only. A copy of this form is valid to give my permission to disclose records. This authorization will expire on the date you indicated above. Additionally, you may revoke this authorization at any time by submitting a written request to this clinic or caretaker. Your revocation will be honored except that has been acted on in good faith while in force. The information you are authorizing to be released could be re-released or disclosed by the recipient. We are not responsible for the actions of others who may be provided with information released as a result of this authorization. You may refuse to sign this authorization. Such refusal will not affect your ability to obtain treatment except to the extent the information being requested may assist your health care provider in determining appropriate treatment.

Notice to Client: Unless otherwise specified by law, we will release only that information which has been created by this entity. Records created by and provided to this office from other entities must be obtained directly from those other providers or facilities. There may be a fee associated with copying of your records. You are entitled to review your personal health information record from this office. Please ask for additional information about our Privacy Policy and how ICARD, PLLC safeguards your privacy.

Notice to Recipients of information: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.