REVOKED ON: ______________ **Staff signature:** ________________________________

FIRST STEP OF SARASOTA, INC

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED INFORMATION

In accordance with Federal Law, 42 C.F.R. Part 2 governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance portability and Accountability Act of 1996 (HIPAA) 45 CFR Pts. 104-191, 160 & 164, 42 U.S.C. Section 132d, et. Seq.

CLIENT NAME:____ DATE:____________________

D.O.B.:______________ S.S.N.:____________________

This form will authorize First Step of Sarasota, Inc to release / or receive general medical, alcohol / drug abuse, psychiatric / psychological information from my record in accordance with Florida Statutes and Florida and Federal Administrative Rules and Regulations to / from:

Print Name of Person/Agency information to be released to/received from: ______________________________

Print Address of Person/Agency information to be released to/received from: ______________________________

Telephone # of Person/Agency: ____________________ Fax # of Person/Agency: ____________________

Provide YOUR Telephone # & Contact Info.: ______________________________

(Initial all that apply below)

Information to be: _____ Released ______ Received as follows:

______ Discharge Summary
______ Program Participation
______ Physical / Nursing Assessment
______ Psychiatric / Bio-Psychosocial Assessment
______ Certificate of Completion
______ Drug Screens/Lab Reports
______ Treatment Plan / Service Plan
______ Admission / Financial Status
______ HIV Information
______ Other: ______________________

Purpose(s) of Disclosure: ____

At request of individual: _________ or entity:_____*(Initial either as appropriate)*

Type of Communication Authorized: (*Initial all that apply*)

________Fax ________Verbal _______Written This is a Single Disclosure YES / NO

Information disclosed under this authorization might be re-disclosed by the recipient and this redisclosure may no longer be protected by federal or state law.

I understand that I have the right to refuse this authorization and that generally the program may not condition my treatment, payment, enrollment in the health plan, or eligibility for benefits on whether I sign an authorization form. If this authorization 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, and I refuse to sign the authorization, First Step/Coastal may refuse to provide the treatment.

This consent is subject to revocation at any time except to the extent that the agency which is to make the disclosure has already taken action in reliance on it. I may revoke this consent by providing First Step/Coastal notification in writing of my wish to revoke the authorization. If not previously revoked, this authorization will terminate upon; (State Date, Condition or Event upon which this authorization will terminate. This should be completed.)________________________________; or within one year from date of signature if no entry made. Furthermore, this authorization will remain in effect while the client is under an involuntary treatment order, subject to a revocation of this authorization.

I understand that revoking this authorization, before I satisfy the condition of my supervision which requires me to participate in the program, will be reported to the Court/referring entity. My revocation of authorization under such circumstances could be considered a violation of the condition of my supervision.

I have received a copy of this form, as recognized by my signature below:

SIGNATURE OF CLIENT________________________________ DATE____________________

REPRESENTATIVE/PARENT/GUARDIAN OF CLIENT:____________________ DATE______________

(Description of representative's Authority)________________________________

PROHIBITION OF RE-DISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further re-disclosure is strictly prohibited unless the client provides specific written authorization to you for the subsequent disclosure of this information.