Reset Form

RELEASE OF INFORMATION
INDIANA ACCESS TO RECOVERY (ATR)

State Form 54885 (1-12)

Name of client	Date of birth *(month, day, year)*
Address *(number and street, city, state, and ZIP code)*	

SECTION A – The Use and/or Disclosure Being Authorized

Protected Health Information to be Used and/or Disclosed: Specifically and meaningfully describe the protected health information you are authorizing to be used and/or disclosed:

- ☐ Demographic Data
- ☐ Client Information Sheet
- ☐ Individualized Recovery Plan
- ☐ Client Log
- ☐ SOGS
- ☐ Case Notes
- ☐ GPRA information
- ☐ Voucher Information Report
- ☐ Voucher Transaction Report
- ☐ Other: _____

SECTION B – Entities Authorized to Receive, Use or Disclose

Name or specifically identify the persons, including the recovery consultant agency, _____, hereafter referred to as the Recovery Consultant, who you are authorizing to receive, to make use of, and/or to disclose the protected health information described above.

I authorize information to be *(check one or both)*:

☐ Released **TO** Recovery Consultant from each and all of the following:

Name of Agency / Individual	Location

☐ Released **FROM** Recovery Consultant from each and all of the following:

Name of Agency / Individual	Location

SECTION C – Purpose

The information is being used/disclosed for the following purpose:

SECTION D – Expiration and Revocation

This authorization will expire:

- ☐ Forty-five (45) days after my final contact with Indiana Access to Recovery; or
- ☐ Upon occurrence: _____

Right* to *Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to my Recovery Consultant. I understand that revocation of this authorization will *not* affect any action taken by my Recovery Consultant in reliance on this authorization before my written notice of revocation was received. Written revocation should be sent to the following:

Name of Recovery Consultant

Address *(number and street, city, state, and ZIP code)*

SECTION E – Alcohol and Drug Abuse Information
I understand that this authorization may include medical records of treatment for physical and/or emotional illness, including treatment of alcohol or drug abuse. I also understand that HIV, or AIDS-related information may be released.

SECTION F – Facsimile Communication
I understand that this information may be communicated by facsimile.

SECTION G – The Patient (or the Patient's Legal Representative) Confirming the Authorization
This authorization is voluntary (you may refuse to sign); • My health care and payment for my health care will not be affected if I do not sign this form; • If the organization authorized to receive and/or use the information is not a health plan, health care provider, or health care clearinghouse subject to federal health information privacy laws, the released information may no longer be protected by federal privacy. • Information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and no longer protected.

SIGNATURE	
I have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to the Recovery Consultation Organization. I understand that, by signing this form, I am confirming my authorization that the Recovery Consultation Organization may receive, use, and/or disclose to the persons and/or organizations named in this form the protected health information described in this form.	
Signature of client	Date *(month, day, year)*
Signature of legal representative	Date *(month, day, year)*

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.

42 CFR PART 2:
This information is from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of other information is not for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.