



# Substance Abuse Center of Kansas, Inc.

*Specializing in the prevention and treatment of individuals and families affected by substance abuse.*

731 N. Water, Suite 2 • Wichita, KS 67203 • Tel (316) 267-3825 • Fax (316) 267-3843

## Authorization to Release and/or Receive Confidential Information

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_, hereby authorize the following agencies to exchange information with each other:

Value Options 100 SE 9 <sup>th</sup> St. 5 <sup>th</sup> Floor Ste. 501 Topeka, KS 66612 Tel: 1-866-645-8216 Fax: 1-785-338-9022	
Heartland Regional D&A Assessment Center 5500 Buena Vista, Suite 203 Roeland Park, KS 66205 Tel: 913.789.0951 Fax: 913.281.8626	
Substance Abuse Center of Kansas 731 North Water #2 Wichita, KS 67203 Tel: 316.267.3825 Fax: 316.267.3843	

The purpose for sharing information is to facilitate treatment assessment, placement, treatment planning, and utilization/case management functions.

Material to be shared may include:

- Chemical Use Information
- Family/Social Information
- Kansas Client Placement Criteria data
- Medical Information
- Psychiatric Information
- Psychometric Testing
- Discharge reports/plans
- Financial Information
- Legal Information
- Personal History
- Progress Notes
- Treatment Plans and Updates

I understand that my records are protected under Federal Regulations governing confidentiality of alcohol and drug abuse patient records (42 C.F.R. Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. In any event, this consent automatically expires 180 days following completion of services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature