

Client Release of Information

I, _____ Date of Birth: _____

Hereby authorize: Mirror, Inc., its Director or Designee, to release information contained in my client records to the following individual(s) or organization(s) and only under the conditions listed below:

Name of Organization(s) or person(s) to whom disclosure is to be made:

Legal Name: _____

Address: _____

Phone: _____ Email: _____

☐ I authorize Mirror, Inc. to receive information contained in my client records from the above listed individual(s) or organization(s).

Specific type of information to be disclosed and/or received (as limited as possible):

☐ Discharge Summary ☐ Progress notes ☐ Behavior Contract ☐ Treatment Plan ☐ Discharge Plan

☐ Presence in Treatment ☐ UDS ☐ Medication Assistance Record ☐ Psych Evals ☐ Mental Health Assessment.

The purpose and need for such disclosure (as specific as possible): To coordinate care and progress in treatment.

Methods of disclosure: Fax, Verbal, Written, Photocopied, Encrypted email

This is to certify that I have given consent freely and voluntarily. I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided by the regulations. I also understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance on it. The information authorized for release may include records that may indicate the presence of a communicable or venereal disease, which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency syndrome (AIDS).

Without expressed revocation, the consent expires on the following date: (Select one)

☐ **Date:** _____ ☐ 365 Days ☐ 6 Months

☐ **Event or Condition:** _____

Note to Client:

Mirror's treatment services to you are not contingent upon your decision to provide or withhold consent to release information. You also have the right to receive a listing of entities who have received information.

Client Signature:

Parent/Guardian Signature:

Type Client Name:

Type Parent/Guardian Name:

Date:

Date: