

**MENTAL HEALTH & SUBSTANCE ABUSE CENTERS OF SOUTHERN OKLAHOMA  
 CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

**Consumer Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (MI)

**This will authorize:** Mental Health & Substance Abuse Centers of Southern Oklahoma to exchange with Carter County Systems of Care- Interdisciplinary Team: Department of Human Services, Community Children's Shelter, Family Resource Program, Oklahoma Department of Health, Mercy Memorial Hospital and Health Center, Ardmore Public Schools, Assistant District Attorney's Office, Oklahoma Juvenile Authority, OSU Extension, Child Advocacy Center, Carter County Family Shelter, Big 5 Community Services, Chickasaw Nation, National Alliance for the Mentally Ill, and Community Family Advocate.

Other: \_\_\_\_\_

**For the time period of** \_\_\_\_\_ **to** \_\_\_\_\_  
 (Mo/day/yr) (Mo/day/yr)

**The following information** (consumer must initial those items of information that are checked):

\_\_\_\_\_ Psychosocial Assessment      \_\_\_\_\_ Physicians Notes/Orders      \_\_\_\_\_ Psychological Testing Reports  
 \_\_\_\_\_ Treatment Plans      \_\_\_\_\_ Psychiatric Evaluation      \_\_\_\_\_ Discharge Plan/Termination Summary  
 \_\_\_\_\_ Progress Notes      \_\_\_\_\_ Other \_\_\_\_\_

**For the following purpose(s)** (consumer must initial those items of information that are checked):

\_\_\_\_\_ Continued Care      \_\_\_\_\_ Release to self  
 \_\_\_\_\_ Submission of information to court      \_\_\_\_\_ Insurance processing  
 \_\_\_\_\_ Communication with family member or friend      \_\_\_\_\_ Treatment planning  
 \_\_\_\_\_ Referral      \_\_\_\_\_ Participation in Systems of Care

**Method of Release:**

\_\_\_\_\_ Fax    \_\_\_\_\_ Mail    \_\_\_\_\_ Telephone    \_\_\_\_\_ Verbal Exchange    \_\_\_\_\_ Other: \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_  
 (Mo/day/yr)

**The information I authorize for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immune deficiency virus also known as Acquired Immune Deficiency Syndrome (AIDS). Records may also include psychiatric information and alcohol and drug abuse information.**

I understand that I or my legally authorized representative may revoke this consent at any time by submitting a written revocation to my primary clinician, unless action has already been taken based upon it. In any event, this consent expires in ninety (90) days from the date of signing or upon conditions described above, unless a longer period has been specified, not to exceed one (1) year. Additionally, in no event may the revocation date be later than the final disposition of the specified criminal proceeding for consumers who have been referred from the criminal justice system.

I further understand that my decision to permit the release of information will not influence my ability to receive services. This consent is given freely and voluntarily.

\_\_\_\_\_  
 Consumer Signature (≥ age 14 must sign)      Date

\_\_\_\_\_  
 Parent/Guardian Signature      Date

\_\_\_\_\_  
 Clinician Signature/Credentials      Date

\_\_\_\_\_  
 Signature of Staff Releasing Information/Title      Date Released

**NOTICE OF RECIPIENTS OF ALCOHOL AND DRUG ABUSE RECORDS**

The information received in accordance with this release may be used only for the purpose as set forth above. This notice accompanies a disclosure of information concerning a consumer in alcohol/drug abuse treatment, made to you with the consent of the consumer. This information has been disclosed to you from records protected by Federal Confidentiality rules (42C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42C.F.R. Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

<b>Consumer Name</b>	<b>Chart #</b>	<b>Clinic #</b>
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