Gulf Coast Center

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

INFORMATION PERTAINS TO:

NAME: _____

CLIENT ID : **DATE OF BIRTH:** / /

I hereby authorize and request:	**To provide to/receive from:**
FACILITY: Gulf Coast Center	FACILITY: _____
PERSON: Medical Records Administration	PERSON: _____
ADDRESS: 4352 Emmett F. Lowry Expressway	ADDRESS: _____
CITY/ST/ZIP: Texas City, Texas 77591	CITY/ST/ZIP: _____
TELEPHONE: (281) 585-7420/7458 or 1-800-710-4322	TELEPHONE: _____
FAX: (409) 986-2056	FAX:

Regarding the above referenced medical record from the dates of _____ **to** _____

The following information, whether written or oral, may be disclosed (check all that apply):

____ Alcohol/Drug (Substance) Information	____ Medical History and Physical Exam	____ Financial Records
____ Psychiatric/Psychological Evaluation/Report	____ Medications Prescribed	____ School Records
____ HIV/AIDS Information	____ Physician's Orders	____ Transfer/Discharge Summary
____ Laboratory Reports	____ Progress Notes	____ Treatment Plans

____ Other: (Specify): _____

Purpose for the Release of Information (check all that apply):

____ Admission/Intake/Placement/Transfer	____ Determine Eligibility/Social Security Disability, etc.	____ Personal Use
____ Assess/Monitor Treatment Needs	____ Financial/Insurance Verification	____ Verification of
____ Continuity of Care/Monitor Medical Status	____ Legal Proceedings	Maintaining Appointments

I understand that I have the right to refuse this authorization. Gulf Coast Center will not withhold treatment, Medical Benefits, or payment processing if I refuse to sign this authorization. However, I will be required to sign this authorization form before being provided treatment if the treatment is alcohol or drug abuse treatment and the purpose of the authorization is to obtain payment for the alcohol and drug abuse treatment; or the treatment is research-related and the purpose of the authorization is to obtain permission to use and disclose protected health information for such research.

I understand that I am entitled to receive a copy of this authorization. I want and have received a copyof such:_____Yes_____No

This consent is valid for a period of no longer than reasonably necessary to serve the purpose for which it is given, in any event not to exceed one year. I understand that the above authorization may be revoked at any time by written notice, which must be received by Gulf Coast Center. Revocation will not apply to records already furnished in reliance upon this request.

EXPIRATION DATE:_____(UP TO ONE YEAR FROM DATE SIGNED)

If I am signing as a parent/guardian/managing conservator of a minor or guardian of the person of an adult, I understand the information disclosed/used/received may contain information/references to my family or myself.

SIGNATURE OF CLIENT/LEGALLY AUTHORIZED REPRESENTATIVE DATE

RELATIONSHIP OF LEGALLY AUTHORIZED REPRESENTATIVE TO CLIENT, IF APPLICABLE DATE

SIGNATURE OF WITNESS (Staff Signature/Title) DATE

SIGNATURE OF WITNESS* (Staff Signature/Title) DATE

*Two witness signatures are required when an individual is his or her own legal guardian and signs his or her name with an "X" or indescribable mark.

TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal as well as state law. Any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis, and/or HIV/AIDS testing and/or diagnosis and treatment of related disorders. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

A photocopy or facsimile of this authorization is as valid as the original.

Gulf Coast Center

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

PURPOSE: This form must be completed before any client-identifying information is released, with few exceptions as specified by law. This form may be used to release and/or receive written and/or oral information. However, for the release of only VERBAL information, GCC form #9068 "Authorization for Mutual Exchange of Verbal Information" may also be used.

DETAILED INSTRUCTIONS FOR COMPLETION / ROUTING:

1. Print all information in black ink. Do not use a felt tip pen or pencil.

2. Explain the purpose of this form to the client (or legally authorized representative, if applicable) (i.e., that the form must be completed and signed by the client or legally authorized representative before any written or verbal information may be released, with a few exceptions as specified by law, such as in medical or law enforcement emergencies and other specific circumstances).

3. Explain each section and statement to the client (or legally authorized representative) and ensure that they understand that they are consenting to (or not consenting to) in each section.

4. Print the client's full legal name and date of birth (mm/dd/yyyy).

5. Complete the "I hereby authorize:" and "To release to/receive from:" sections.
   "I hereby authorize:" - Identifies the Center program that will be releasing and/or receiving information
   "To release to/receive from:" - Identifies the facility or individual who is to release and/or receive information

6. Enter the inclusive dates that the information covers.

7. Place a check mark(s) to indicate what information may be released. Check all that apply. Note that alcohol and/or drug (substance) information and/or HIV/AIDS/ARC information may be released **ONLY** if the applicable blank(s) are checked.

8. Place a check mark(s) by the appropriate statement(s) to indicate the purpose(s) for the release of information.

9. Enter the expiration date (i.e., the date on which the authorization will expire, which can be no later than one year after the consent form is signed).

10. Explain to the client (or legally authorized representative) that they are entitled to receive a copy of the completed authorization form. Check the appropriate blank to indicate if the client received a copy of the completed authorization. (They may not want a copy.)

11. The client (or legally authorized representative) must sign and date the authorization. the consent is invalid if it is not signed and dated.

12. A witness must also sign and date the consent. If the witness is a staff member, he or she should print their title next to their name. If an individual is his or her own legal guardian and signs his or her name with an "X" or an indescribable mark, two witnesses must sign and date the consent.

13. Upload the completed form in the client's electronic record (permanently).

14. To obtain information from another facility or individual, mail a copy of the form to the appropriate address and include a cover letter that briefly explains why you need the information and where to send the copies.

15. If information is to be released from Gulf Coast Center, process according to Center policies and procedures.

REVOCATION OF CONSENT: This authorization in not valid if Gulf Coast Center receives **written** notice from the client (or legally authorized representative) who signed the applicable authorization. A verbal revocation is not adequate to revoke this authorization. Explain to the client (or legally authorized representative) that Gulf Coast Center shall not be liable for any consequences resulting from any release of information made prior to Gulf Coast Center's receipt of written notice of revocation from the client (or legally authorized representative). Upon receipt of a written notice, the notice shall be stamped with the date received, initialed by the staff who received it, and immediately faxed to the Medical Records Administration office at (409) 986-2056 (call the telephone number below to confirm receipt of the fax). The original revocation shall then be uploaded into the client's electronic medical record.

FOR ASSISTANCE

Please contact Medical Records Administration at (281) 585-7420 or (281) 585-7458
