**RECORDS & INFORMATION RELEASE AUTHORIZATION**

**(Excludes Drug and Alcohol Information)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: (\_\_/\_\_/\_\_), do hereby give permission to **Therapy Resources of Morris County, LLC - ( ) or Authorized Representative** to release the following information from my records and **( )** to release the following information about me:

 Medication & Psychiatric History

 Mental Status on Admission or Discharge

 Physical Exam & Laboratory Test Results

 Progress Notes

 Final Summary

 Other:

 Note: The person whose records are being released has the legal right to have specific information withheld.

This information is to be released to **( )** and the same information to be released to **Therapy Resources of Morris County, LLC – ( ) or Authorized Representative** to release the following information from my records:

The purpose or need for this reciprocal disclosure is to:

**Share Collateral Information to Coordinate Treatment Services**

This information may be given: X Verbally, by phone or in person X Fax X In writing

 X A reproduction of the authorization shall be as effective and valid as the original.

Frequency: X As needed X Until \_\_\_\_\_\_\_\_\_\_**1 year from signed date**\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand this consent can be revoked at any time in writing except to the extent that action has already been taken in reliance thereon; and this consent will reasonable time needed to accomplish the purpose for which it is given, not to exceed one year.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Including minors 14 years or older whose refusal to sign renders this consent void)

Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent, Legal Guardian, Authorized Representative, Significant Other)

Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent, Legal Guardian, Authorized Representative, Significant Other)

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL:** THE WITHIN INFORMATION IS DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. FEDERAL REGULATIONS (SEC 42CFR-PT2) PROGIBITS YOU FROM MAKING 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 MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. THE FEDERAL RULES RESTRICT ANY USE OF THIS INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE CLIENT.

**RECORDS & INFORMATION RELEASE AUTHORIZATION**

**(Includes Drug and Alcohol Information)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: (\_\_/\_\_/\_\_), do hereby give permission to **Therapy Resources of Morris County, LLC – ( ) or Authorized Representative** to release the following information from my records and **( )** to release the following information from my records:

 Drug/Alcohol Assessment (CASI) or Initial Comprehensive Assessment (ICA)

 Drug/Alcohol Recommended Level of Care (LOCI Placement)

 Drug/Alcohol Continued Service Reviews (CSR’s) and/or Continued Treatment Updates

 Drug/Alcohol Toxicology Test Results

 Drug/Alcohol Progress Notes

 Drug/Alcohol Final Summary

 Other (please specify)

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Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Including minors 14 years or older whose refusal to sign renders this consent void)

Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent, Legal Guardian, Authorized Representative, Significant Other)

Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent, Legal Guardian, Authorized Representative, Significant Other)

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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