Advantage Treatment Centers

Alamosa	Montrose	Sterling	Lamar
2017 Lava Lane	1230 N. Grand Ave	12220 Highway 61	800 E. Maple St.
Alamosa, CO 81101	Montrose, CO 81401	Sterling, CO 80751	Lamar, CO 81052
719-589-7500	970-964-2777	970-522-7383	719-336-0650
Fort Morgan	**La Junta**	**Craig**	**Sidney**
219 E. Railroad Ave	212 Santa Fe Ave	59 W. 6th Street	1114 Toledo St.
Ft Morgan, CO 80701	La Junta, CO 81050	Craig, CO 81625	Sidney, NE 69162
970-427-5520	719-468-2126	970-824-0311	970-747-8177

CONSENT TO RELEASE INFORMATION TO 3RD PARTY
42 CFR Part 2 and HIPAA

There are Colorado Laws about your right to privacy. The Agency must protect information about your health & treatment (CFR 42, Part 2, CRS 25.1, HIPAA CFR 160, 164). Information about you cannot be given to other people or agencies without your written permission, except when the law allows it. Substance abuse information & HIV/AIDS information is especially protected.

I, (Client Name), authorize

Advantage Treatment Centers, Inc. to disclose the following:

- ☐ Substance Use Assessments or Evaluations
- ☐ Mental Health Assessments or Evaluations
- ☐ Substance Use Treatment Information
- ☐ Billing Information
- ☐ Disciplinary Records
- ☐ HIV/AIDS Status
- ☐ Legal Information
- ☐ Monthly Reports
- ☐ UA/BA Results
- ☐ Level 1/Level II Status
- ☐ Progress notes related to program compliance
- ☐ Substance Use Therapy Notes
- ☐ Medication Information
- ☐ Other: _____

to the following members of: (Agency)
(Specific contact)

The specific purpose of the disclosure is:

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows: **Consent will expire two years from the date of this release, 60 days after treatment ends or if/when I revoke it in writing. Whichever comes first.**

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes. I do not have to sign this document to get treatment at the Agency unless treatment is required by a court or another official. My payment will not be conditioned on my permission to release private information. I understand the Agency cannot take back any information given out before I revoked permission. Copies of this form may be used in place of the original. Signatures received by fax or email will be accepted. The Agency cannot promise that people who get this information will keep it private. They may or may not have to follow the privacy laws. If the information is about substance abuse or HIV/AIDS, the people who get it are not permitted to re-release it to anyone subject to Federal laws.

Client Signature: **Date**

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NOTICE PROHIBITING RE-DISCLOSURE OF SUBSTANCE USE DISORDER INFORMATION

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.