North Albany Wellness Center
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Release of Information (ROI)

AUTHORIZATION TO USE AND DISCLOSE INFORMATION

****NOTE: Please allow 2-3 weeks for processing****

Client Name _____ **Birth Date** _____

I authorize North Albany Wellness Center to (*please INITIAL*): _____ SEND _____ RECEIVE

The following information (*please INITIAL*):

_____ Diagnosis, Treatment plan, Progress Notes
_____ Financial records
_____ Attendance of sessions
_____ Neuro/Psychological Testing Reports
_____ Progress or need for continued services
_____ Other: _____

To/From:

_____ _____
Specific Person *Agency/Program*

_____ _____
Phone/email ***FAX** (important)*

The above information will be used for the following purposes:

_____ Diagnosis, assessment, treatment planning
_____ Referral for services
_____ Coordination of services
_____ Other: _____

Confidentiality: I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

Length of Authorization: I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after (some states vary, usually 1 year) this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

This authorization and release has been explained to me, I understand and I voluntarily agree.

Signature of Client (or Representative): _____ Date: _____

Relationship to client: ❑ Self ❑ Parent/legal guardian ❑ Personal Representative ❑ Other: _____