

RICHARD J. NANCE, LCSW
DIRECTOR



SUBSTANCE ABUSE PREVENTION AND
RECOVERY INDIGENT SERVICES

UTAH COUNTY DIVISION OF SUBSTANCE ABUSE

.....a *Division of the Utah County Health Department*

151 S. UNIVERSITY AVE, SUITE 1500 ★ PROVO, UT 84601 ★ (801) 851-7128 ★ FAX (801) 851-7102

CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG TREATMENT INFORMATION.

I, _____ DOB: _____ CT ID: _____, authorize
(Name of Client)

The UTAH COUNTY SUBSTANCE ABUSE PROGRAM

to disclose information to The DIVISION OF CHILD & FAMILY SERVICES (DCFS) and I authorize DCFS to

re-disclose this information to: **ATTORNEY GENERAL
GUARDIAN AD LITEM
4TH DISTRICT JUVENILE COURT
MY LEGAL REPRESENTATIVE**

The following information may be used for the purpose of informing the above mentioned agencies of my attendance and progress in treatment, to include my diagnosis, information about my attendance or lack of attendance at treatment sessions, drug test results, my cooperation with the treatment program and prognosis.

I also understand that my disclosure is protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR 160-164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that data derived from my participation in my treatment may be used for research purposes, so long as my anonymity is maintained in accordance with the Federal, State and professional research standards.

This consent is valid **treatment is completed and court case is closed + sixty days.**

Signature: _____ Date: _____

Witness: _____ Date: _____

Signature of Parent or Guardian: _____ (If Applicable)

NOTICE: YOU (THE CLIENT) SHOULD OBTAIN A COPY OF THIS RELEASE UPON SIGNING

STAFF DO NOT LEAVE ANY BLANK LINES IN THIS DOCUMENT

NOTICE: This electronic communication may contain protected health information, the release of which is restricted by federal law. Any information about a client or clients has been disclosed to you from records protected by federal confidentiality rules governing federally-assisted drug or alcohol abuse programs (42 C.F.R., Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 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 42 C.F.R., Part 2, and HIPAA. A general authorization 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 client. Any unauthorized redisclosure of the information contained in this communication may be punishable under federal statutes.