



17025 Snowmobile Ln Eagle River, AK 99577
Phone:(907)696-7466 Fax: (907)726-0332

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's Name:
Social Security Number:
Date of Birth:

Today's Date:
Date of Expiration:
Patient's Phone Number:

I, (Parent or Guardian Name), authorize Orion Behavioral Health Network (OBHN) to
Send Info Obtain Info Exchange Info

Person/Agency:

Phone Number:

Fax Number: (For Office Use)

This information is for the purpose of:

- Continued Treatment Legal
Personal Use Other (please specify):

I understand that the information to be released includes information regarding the following:

- Drug/alcohol abuse, treatment, rehabilitation Psychiatric Treatment
Therapy Services

DATE RANGE OF RECORDS
TO
Discharge Summary
Admission Summary
Psychological Testing
Verbal Information
Lab/X-ray
Treatment Plan
Other (please specify)

Any information will not be released by the above named person or organization to any other persons or organizations unless I so authorize.

I understand that I may cancel this authorization, in writing, at any time. However, if we receive a written cancellation after information has been sent out, we will contact you. Without my written cancellation, this authorization will automatically expire (1) on satisfaction of the need for disclosure or (2) the authorizations will terminate as indicated in the "Date of Expiration" line at top of page. If no date is indicated in the "Date of Expiration" line, the request will terminate within 90 days from date of original request. I understand that I have a right to receive a copy of this request.

Signature of Patient:

Date:

Signature of Parent or Guardian:

Date:

Relationship if other than Patient:

Date:

Witness:

Date:

If patient is a minor (17 and under), federal law requires the patient must sign to authorize the release of any drug and alcohol information.

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written authorization of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Federal regulations state that any person who violates any provisions of this law shall be fined not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense.

This Release of Information facilitates compliance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR 160 and 164, and all federal regulations and interpretive guidelines promulgated thereunder." The Authorization for Release of Information must state that once the requested PHI is disclosed, the PHI's recipient may re-disclose, therefore the Privacy Regulations may no longer permit it.