Wyandot Behavioral Health Network

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

1301 N 47th St, Kansas City KS 66102 **PHONE**: (913) 328 – 4689 **FAX**: (913) 563 – 6596 **E-MAIL**: wbhnmedicalrecords@wyandotbhn.org

Client Name: _____ **Chosen Name:** _____

Client ID: _____ **Date of Birth:** _____

FACILITY/INDIVIDUAL RELEASING INFORMATION TO/OBTAINING INFORMATION FROM:

FACILITY/INDIVIDUAL NAME	ADDRESS	PHONE NUMBER	FAX	E-MAIL

INFORMATION TO BE RELEASED (CLIENT /PARENT /GUARDIAN /REPRESENTATIVE INITIAL BELOW ALL THAT APPLY):

_____**Exchange Information**	_____**Disclose Information**	_____**Obtain Information**
_____Diagnostic Review	_____Entire Record	_____Substance Use Disorder Diagnosis
_____Treatment Plan	_____Progress in Treatment	_____Substance Use Disorder Assessment
_____Medication(s)	_____Psychosocial Assessment	_____Substance Use Disorder Treatment Plan
_____Intake Assessment	_____School Records	_____Substance Use Disorder Progress Notes
_____Psychiatric Evaluation	_____Other:	_____
_____Verbal Communication	_____Date Range:	(___/___/___) to (___/___/___)

PURPOSE FOR THE DISCLOSURE (CLIENT /PARENT /GUARDIAN /REPRESENTATIVE INITIAL BELOW ALL THAT APPLY):

_____Evaluation ____Coordination of Care _____ Legal _____School Placement/Assessment _____Other:_____

EXPIRATION DATE: (_____/_____/_____) This authorization (unless expressly revoked) will remain in effect until the designated expiration date or event **(not to exceed one year from the date of the signature).** I have the right to revoke this authorization, in writing at any time, except to the extent that Wyandot BHN Inc. has already taken action in the reliance on it. Only the information specified can be released to only the specified person/agency. Information used or disclosed under the Authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability Act Privacy Rule (45 C.F.R. Part 164) and the Privacy Act of 1974 (5 U.S.C. 552a). Wyandot BHN Inc. cannot ensure the recipient will maintain confidentiality of this information I have authorized to be released.

_____

PRINTED NAME OF CLIENT/PARENT/GUARDIAN/REPRESENTATIVE **RELATIONSHIP TO CLIENT**

_____(_____/_____/_____)

SIGNATURE OF CLIENT/PARENT/GUARDIAN/REPRESENTATIVE **DATE**

SIGNATURE OF YOUTH (REQUIRED IF AGE 14 OR OLDER FOR MENTAL HEALTH RECORDS UNDER K.S.A. 65-5602): If the client is 14 or older and receiving outpatient mental health services under K.S.A. 65-5602, the client's signature is required to authorize the release of these records, even to a parent or legal guardian.

_____ _____

SIGNATURE OF WITNESS **DATE**

CLIENT/PARENT/GUARDIAN/REPRESENTATIVE INITIAL: _____ I CONSENT TO MY WBHN PROVIDER WITNESSING THIS DOCUMENT

CLIENT/PARENT/GUARDIAN/REPRESENTATIVE INITIAL: _____ I CONSENT TO, AND I ACKNOWLEDGE THAT SENSITIVE INFORMATION REGARDING ALCOHOL/DRUG ABUSE TREATMENT/REFERRALS, SEXUALLY TRANSMITTED DISEASES; MENTAL HEALTH INFORMATION AND/OR HIV/AIDS RELATED TREATMENT OR STATUS COULD BE INCLUDED IN YOUR RECORD AND MAY BE DISCLOSED AS A RESULT OF YOUR EXECUTION OF THIS AUTHORIZATION.

NOTICE TO RECIPIENT: PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to the appropriate state or local authorities. (See 42 U. S. C. 290dd-3 and 42 U. S. C. 290ee-3 and Title 42 Code of Federal Regulations). Federal regulations (42 C.F.R. Part 2) prohibit you from making any further disclosure of these records 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. 42 C.F.R Part 2 restricts use of substance abuse information to criminally investigate or prosecute any alcohol or drug abuse patient.

WBHN INTERNAL USE ONLY, PLEASE CHECK: _____FILE _____SEND RECORDS _____GET RECORDS **08/25**