

D. What specific information do you want shared?

Client information refers to written records or copies and to direct written and oral communications with the parties identified in Section B of this release. Client information includes only records and communications within the following category(ies). **Please initial all that apply.**

DRUG & ALCOHOL SERVICES

- 1. _____ Assessment, diagnosis, and prognosis
- 2. _____ Substance abuse history
- 3. _____ Substance abuse treatment plan and details of client participation
- 4. _____ Periodic reports to evaluate patient progress in treatment
- 5. _____ Results of drug testing
- 6. _____ Billing records
- 7. _____ Other: _____

MENTAL HEALTH SERVICES

- 1. _____ Progress notes
- 2. _____ Assessment, diagnosis, and prognosis
- 3. _____ Mental health treatment history
- 4. _____ Mental health treatment plan and details of client participation
- 5. _____ Periodic reports to evaluate patient progress in treatment
- 6. _____ Results of psychological or vocational tests
- 7. _____ Results of medical or laboratory tests
- 8. _____ Educational assessment and behavioral reports (including school observation and educational testing)
- 9. _____ Billing records
- 10. _____ Other: _____

OTHER SERVICES

- 1. _____ Assessment, diagnosis, and prognosis
- 2. _____ Medical history
- 3. _____ Care plan(s)
- 4. _____ Progress notes
- 5. _____ Discharge Summary
- 6. _____ Billing Records
- 7. _____ Periodic reports to evaluate patient progress in treatment
- 8. _____ Results of medical, x-ray, or laboratory tests (except HIV test results)
- 9. _____ HIV laboratory test results
- 10. _____ Educational assessments and behavioral reports (including school observation educational testing)
- 11. _____ Emergency Room reports
- 12. _____ Other: _____
- 13. _____ Other: _____
- 14. _____ Other: _____

Client Name _____ DOB _____ Client ID #: _____

E. Why do you want the information shared? (Please initial all that apply.)

- 1. _____ Client/personal representative use
- 2. _____ Treatment planning
- 3. _____ To assist the court in the proper disposition of a pending case
- 4. _____ Other: _____

I ____ do ____ do not want the information shared to be used (in testimony or written document) in a court of law, by either Tehama County Health Services Agency or the other parties identified in Section B. **Please initial one (1) choice only.**

F. I am aware there may be fees charged for copy services that are governed by California Health and Safety Code §123110.

G. Client records disclosed because of this release may be re-disclosed and no longer protected by federal confidentiality regulations (HIPAA). However, California state law prohibits recipients of these records from re-disclosing this information except with your written authorization or as specifically required or permitted by law. Re-disclosure and use of client records released by the Women, Infants, and Children Program and the Tehama County Drug and Alcohol Division are further restricted by federal regulations (7 C.F.R. § 246.26 and 42 C.F.R. part 2).

H. I understand that I may revoke or cancel this release at any time, except to the extent that Tehama County Health Services Agency or others have relied upon it. The revocation can be made at any time by telephone, orally in person, or in writing to Tehama County Health Services Agency, Post Office Box 400, Red Bluff, California 96080. The revocation will take effect when received by Tehama County Health Services Agency.

I. When do you want this release to expire? This release is good for three (3) years from the date that it is signed, unless an earlier expiration date is written here _____.

J. I ____ do ____ do not want a copy of this signed authorization.

K. Your signature:

Signature

Date

Printed Name

Relationship to client (Self, Parent, Guardian, Conservator, or Personal Representative)

Witness (optional)

Date

Witness (optional)

Date

This release is voluntary. Tehama County Health Services Agency may not condition eligibility for benefits, enrollment, or treatment upon keeping this release in effect.

A photocopy of this release is as effective as the original.