

NOTE: PHOTOCOPY OF THIS SIGNED AUTHORIZATION SHALL BE AS EFFECTIVE AS THE ORIGINAL.

Specific Authorization for Release. The following information requires special consent by law. Even if you indicate **entire medical record** on reverse, you must specifically request the following information in order for it to be released (check as appropriate).

- Mental health evaluation/treatment (Note: you have the right to inspect the disclosed mental health information at any time.)
- Alcohol/Substance Abuse
- HIV/AIDS

Signature of Patient or Patient's Authorized Representative

Date

Printed name and authority of patient's legal representative

Witness

Federal and/or State law specifically require that any disclosure of re-disclosure of substance abuse, alcohol or drug abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). 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 CFR Part 2. A general authorization for the release of medical or other information 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 patient.